Claim Handling

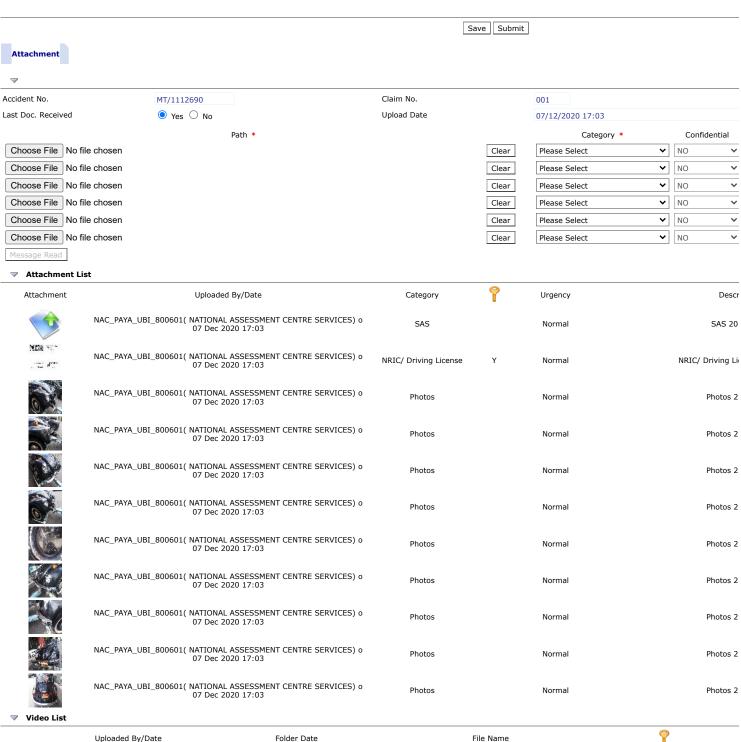
Accident MT/1112690

Policy No. Certificate No.	5119482053	Vehicle No.	SMF1091U	GST Registration No.
Policyholder Name	YONG JAN LEE KENNETH MARK			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	83918989	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
Accident Details				
Report Date	07/12/2020 17:01	Accident Report Within 24 hr	rs Yes	Accident Type
Date of Accident	06/12/2020	Time of Accident hh:mm	18:55	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	Crowhurst Dr			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess		0.00
OD Standard Excess	0.00	TP Standard Excess		0.00
YIED OD Excess	0.00	YIED TP Excess		0.00 Driver is Covered?
Additional Excess	C			
Total OD Excess Applicable	0.00	Total TP Excess Applicable		0.00
▼ Benefits				
▼ GST Registered Informat	ion			
GST Registered			GST Registration Date	
GST Registration No.			GST Status Verified	Yes Yes
Modification History				
▼ Policyholder Mailing Add	ress			
Address 1	29 CHARTWELL DRIVE	Address 2	SERANGOON GARDEN EST.	ATE Address 3
Address 4	25 CHARTWELL DRIVE	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5119482053	r ost code
▼ OI Driver Info		Related Folicy Number	3119402033	
Driver Name	YONG JAN LEE KENNETH MARK	Driver Type	Main Driver	
Unnamed driver Name	TONO 3744 EEE REINETT TIME	Driver NRIC	S1795803H	Driver DOB
Register Date of Driver License	01/01/1990	Driver Age	53	Driving Experience
Contact No.(Mobile)	83918989	Contact No.(Office)		Contact No.(Home)
Address 1	29 CHARTWELL DRIVE	Address 2	SERANGOON GARDEN EST.	
Address 4		Address Type	Singapore address	Post Code
Unit No.		7	· ·	
Does he own a Singapore	Yes No	Driver Vehicle No.		Driver Insurer Comp
Registered car?	163 0 110	Diver venice no.		Briver modrer comp
Declaration				
Breathalyser or Blood Test	0	A	○ V··· ○ N··	
Reading?	0 mg	Any injury?	Yes No	
Modification History				
man bottom				
Claim 001 New				
Claim Type *			OD-N	4X ✓ Insured YONG JAI
78.				Name Contact
Contact No.(Mobile)			8391	
				OI
Email Address			kenne	ethmark@yahoo.com Vehicle SMF1091 Number
Claim Dana (1977)				
Claim Description			SMF1	.091U / SHD2356U ON 6 Dec 2020
Preferred Workshop	Insured Liability	Not at Fault		
Rentice No. Finalisation	Preferered ✓ Repair Preferre	d Workshop Name unknown	eived 🗸	
Date Registered	Option	report report		Claim Close Close
				Date

Report Taken By

LIEW SHAN HUI





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