

Claim Handling

Accident MT/1113293

Policy No.	5116951453	Vehicle No.	SLR1077K	GST Registration No.
Certificate No.				
Policyholder Name	ANG RUI JUN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	82228775	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	11/12/2020 18:06	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	10/12/2020	Time of Accident hh:mm	10:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	MINOR RD TO SCOTTS RD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	1100.00	Total TP Excess Applicable	0.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 647 #05-44	Address 2	PASIR RIS DRIVE 10	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	05-44	Related Policy Number	5116951453	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	ANG KIAN KOK	Driver NRIC	S1085670A	Driver DOB
Register Date of Driver License	03/10/1979	Driver Age	73	Driving Experience
Contact No.(Mobile)	96779833	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 647 #05-44	Address 2	PASIR RIS DRIVE 10	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	05-44			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 New

Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Contact No. Finalisation

Date Registered

Insured Liability

Preferred Repair Option

Insured Liability

Preferred Workshop, Name unknown

GIA report

Received

OD-MX

Insured Name

ANG RUI

Contact No. (Home)

OI Vehicle Number

SLR1077

SLR1077K / SFW8883Z ON 10 Dec 2020

11/12/2020 18:09

Claim Close Date

