

Claim Handling

Accident MT/1113611

Policy No.	5102862363-02	Vehicle No.	SMD1303U	GST Registration No.	
Certificate No.					
Policyholder Name	ANG BENG HUI			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	
Contact No.(Mobile)	90095189	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	

▼ **Accident Details**

Report Date	14/12/2020 18:11	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	13/12/2020	Time of Accident hh:mm	07:05	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG JALAN BUKIT MERAH				

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	600.00	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 52 #08-86	Address 2	TELOK BLANGAH DRIVE	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5102862363-02		

▼ **OI Driver Info**

Driver Name	ANG BENG HUI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7214893B	Driver DOB	
Register Date of Driver License	16/04/1990	Driver Age	48	Driving Experience	
Contact No.(Mobile)	90095189	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 52 #08-86	Address 2	TELOK BLANGAH DRIVE	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SMD1303U	Driver Insurer Comp:	

Declaration

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

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Claim 001 New

Claim Type *	OD-MX	Insured Name	ANG BEN
Contact No.(Mobile)	91078775	Contact No. (Home)	6278661
Email Address		OI Vehicle Number	SMD1303
Claim Description	SMD1303U / SHB5247G ON 13 Dec 2020		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	14/12/2020 18:14	GIA report	Received
		Claim Close Date	

