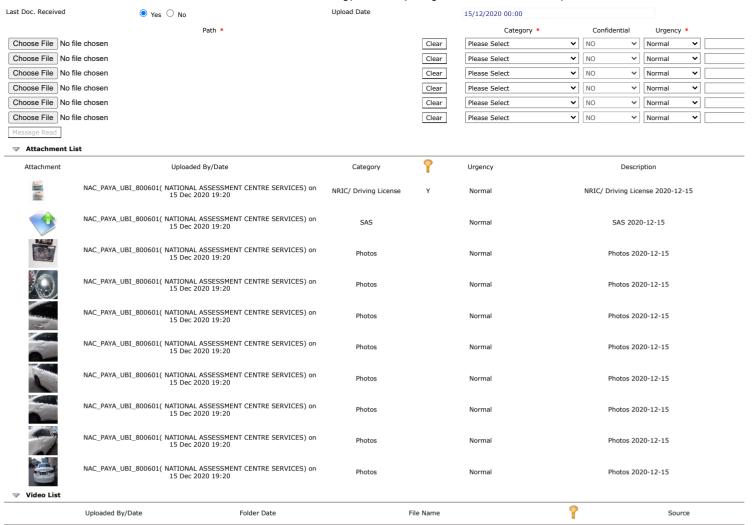
Claim Handling

Accident MT/1113815						
Policy No.	5119541753	Vehicle No.	SMF9613L	GST Regis	stration No.	
Certificate No.						
Policyholder Name	ANG KWONG HUI			Policyhold	er NRIC	S1589723F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading		0
Contact No.(Mobile)	97874813	Contact No.(Office)	0	Contact N	o.(Home)	0
Email Address		Special Remark		eCode		No 🗸
KFK	No	TCA	No	eCode Rea	ason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hi		No
▼ Accident Details	103	Nes Endement(19)	50	THI GET THE		
Report Date	15/42/2020 10 17	Accident Report Within 24 hrs	Yes	Accident 1		Side Swipe
	15/12/2020 19:17					
Date of Accident	14/12/2020	Time of Accident hh:mm	08:30	Country o	Accident	Singapore
Reporting Centre		Orange Force		ICM No.		
Accident Location	CTE(AYE)AFT PIE (CHANNGI)EXIT					
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess	100.0	00		
OD Chandard F	500.00	TD Chandard France	0.4	00		
OD Standard Excess	600.00	TP Standard Excess	0.0			
YIED OD Excess	0.00	YIED TP Excess	0.0	00 Driver is 0	.overed?	Covered
Additional Excess	0.00					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.0	00		
▼ Benefits						
	tion					
GST Registered	No		GST Registration Date	Date		
GST Registration No.			GST Status Verified		Yes	
Modification History						
Policyholder Mailing Add	ress					
Address 1	57 SUNRISE AVENUE	Address 2	#02-11 SUNRISE GARDENS	Address 3	Address 3	
Address 4		Address Type	Singapore address	Post Code		806748
Unit No.	02-11	Related Policy Number	5119541753			
▽ OI Driver Info						
Driver Name	ANG KWONG HUI	Driver Type	Main Driver			
Unnamed driver Name		Driver NRIC	S1589723F	Driver DO	Driver DOB	
Register Date of Driver License	16/11/1991	Driver Age	57	Driving Ex	Driving Experience	
Contact No.(Mobile)	97874813	Contact No.(Office)	0	Contact N	o.(Home)	0
Address 1	57 SUNRISE AVENUE	Address 2	SUNRISE GARDENS	Address 3	Address 3	
Address 4		Address Type	Singapore address	Post Code		806748
Unit No.	#02-11					
Does he own a Singapore	Yes No	Driver Vehicle No.		Driver Ins	Driver Insurer Company	
Registered car?			Since vericle no.			
Declaration						
Breathalyser or Blood Test						
Reading?	0 mg	Any injury?	Yes No			
Modification History						
Claim 001 OD-MX New						
				Insured Name		Insured
Claim Type *			OD-MX		ANG KWONG HUI	NRIC
Contact No.(Mobile)			9787481	Contact No.	64819076	Contact No.
			3707101	(Home)	0.013070	(Office)
Email Address			angc@io	omega.com OI Vehicle	SMF9613L	TP Vehicle
				Number		Number
Claim Description			SMF9613	3L / UNKNOWN ON 14 Dec 2020		Name of Preferred
D 6 1						Worksho
Preferred Workshop Rentike No. Yes	Insured Liability Not at	Fault 🗸				
Finalisation Yes	▼ Repair Preferred Worksho	p, Name unknown V GIA report Received	~	Claim		
Date Registered	Option		15/12/20	020 19:21 Close		Date Received
				Date		Total Los
Report Taken By			ROSLINE	DA Workshop Repairer		but Repaired
						Repaired
Print AK letter						
_ THICAR ICCC						
			Save Submit			
Attachment						
Attachment						
₩						
Accident No.	MT/1113815	Claim No.	001			
	,		001			



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