Claim Handling

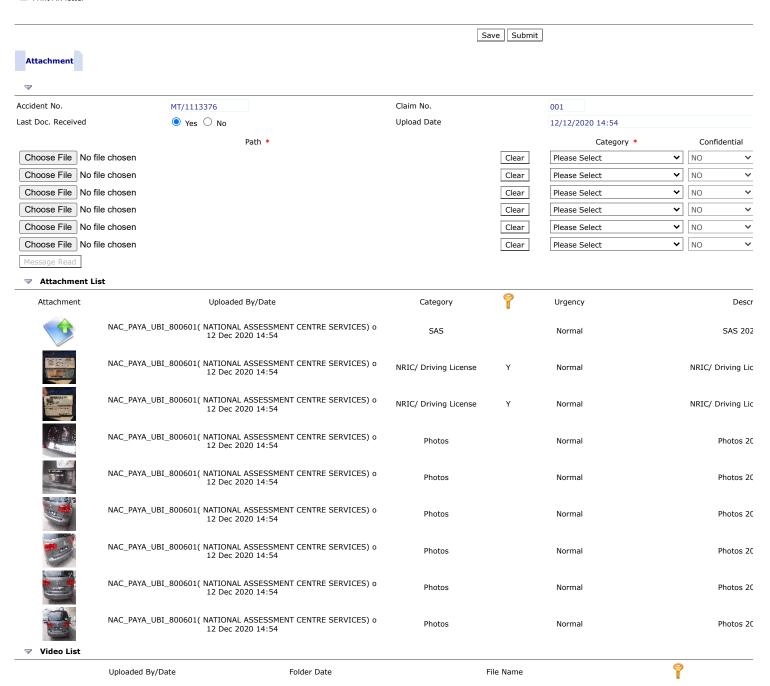
Accident MT/1113376

Policy No. Certificate No.	5090245903-03	Vehicle No.	SKJ3183C	GST Registration No.
Policyholder Name	FENG CHUAN YUH			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	85111586	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	No	TCA	No Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire
Accident Details				
Report Date	12/12/2020 14:44	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	12/12/2020	Time of Accident hh:mm	11:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	Kaki Bukit Rd 3			
▼ 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 Informat			CCT Begistration Date	
GST Registered GST Registration No.	No		GST Registration Date GST Status Verified	
Modification History			COT Ottatas Vermea	Yes
,				
▼ Policyholder Mailing Add	ress			
Address 1	10 PARI DEDAP WALK	Address 2	#08-15 TANAMERA CREST	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5090245903-03	
▽ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	CHENG CHING SOON	Driver NRIC	SXXXX527G	Driver DOB
Register Date of Driver License	07/07/1992	Driver Age	47	Driving Experience
Contact No.(Mobile)	92719771	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 952 #16-698	Address 2	HOUGANG AVENUE 9	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	16-698			
Does he own a Singapore Registered car?	◯ Yes ⊚ No	Driver Vehicle No.		Driver Insurer Comp
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	
-				
Modification History				
Claim 001 New				
				Insured FENC CU
Claim Type *			OD-MX	Name FENG CH
Contact No.(Mobile)			82997696	Contact No. NIL
				(Home)
Email Address				Vehicle SKJ3183
				Number
Claim Description			SKJ3183C	/ SKX2240D ON 12 Dec 2020
Preferred Workshop	Insured Liability Not at	Epuilt		
Workshop Regulation Finalization Yes	Prefer e red Not at	n Name unknown V GIA Received	i 🗸	
Finalisation Date Registered	Option	report report	12/12/202	Claim Close
				Date

SHAN HUI

Print AK letter

Report Taken By



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