Claim Handling

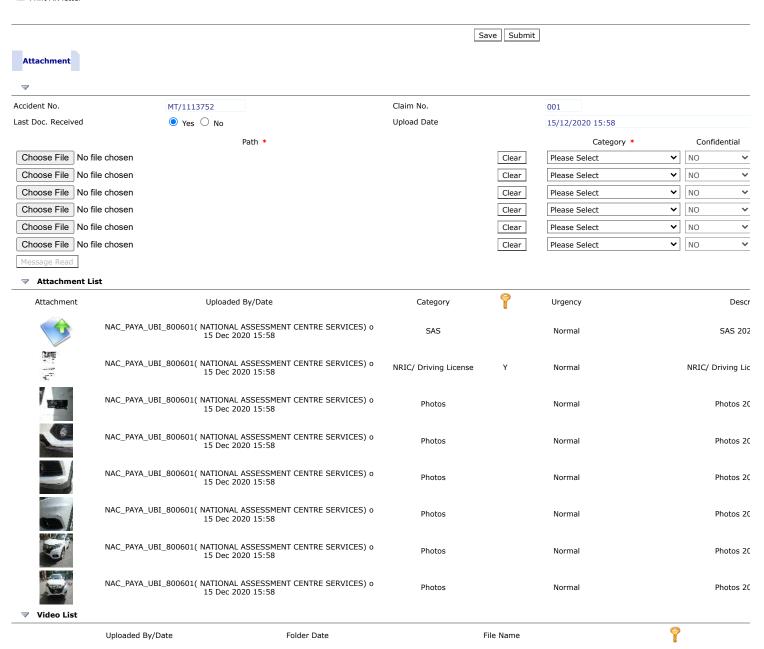
Accident MT/1113752

Policy No. Certificate No.	5119500903	Vehicle No.	SMW692C	GST Registration No.
Policyholder Name	KOH SHI KAI FRANCIS			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	91918704	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	15/12/2020 15:56	Accident Report Within 24 hr	rs Yes	Accident Type
Date of Accident	11/12/2020	Time of Accident hh:mm	19:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	541A Bukit Panjang Ring Rd, Si	ngapore 671541		
▼ 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 Informat	ion			
GST Registered	No		GST Registration Date	
GST Registration No.			GST Status Verified	Yes
Modification History				
— Deliaubelden Meiline Add				
▼ Policyholder Mailing Add				
Address 1	BLK 543 #14-60	Address 2	JELAPANG ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	14-60	Related Policy Number	5119500903	
▼ OI Driver Info				
Driver Name	KOH SHI KAI FRANCIS	Driver Type	Main Driver	2. 222
Unnamed driver Name		Driver NRIC	S9206884F	Driver DOB
Register Date of Driver License	21/06/2013	Driver Age	28	Driving Experience
Contact No.(Mobile)	91918704	Contact No.(Office)	15/ 15/10/ 50/ 5	Contact No.(Home)
Address 1	BLK 543 #14-60	Address 2	JELAPANG ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No. Does he own a Singapore	14-60			
Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Comp
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	
Modification History				
Troumcación Tilbeory				
Claim 001 New				
				Insured VOLL SUIT
Claim Type *			OD-MX	Name KOH SHI
Contact No.(Mobile)			919187	Contact No.
			515107	(Home)
Email Address			SK.FRA	NCISKOH@HOTMAIL.CO Vehicle SMW692
				Number
Claim Description			SMW69	2C / SME8557C ON 11 Dec 2020
Preferred				
Workshop	Insured Liability Preferered	NOL at Fault GI∆	 	
Finalisation Finalisation	Repair Preferred Option	d Workshop, Name unknown report Rece		Claim
Date Registered			15/12/	2020 15:58 Close Date

Report Taken By

SHAN HUI

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