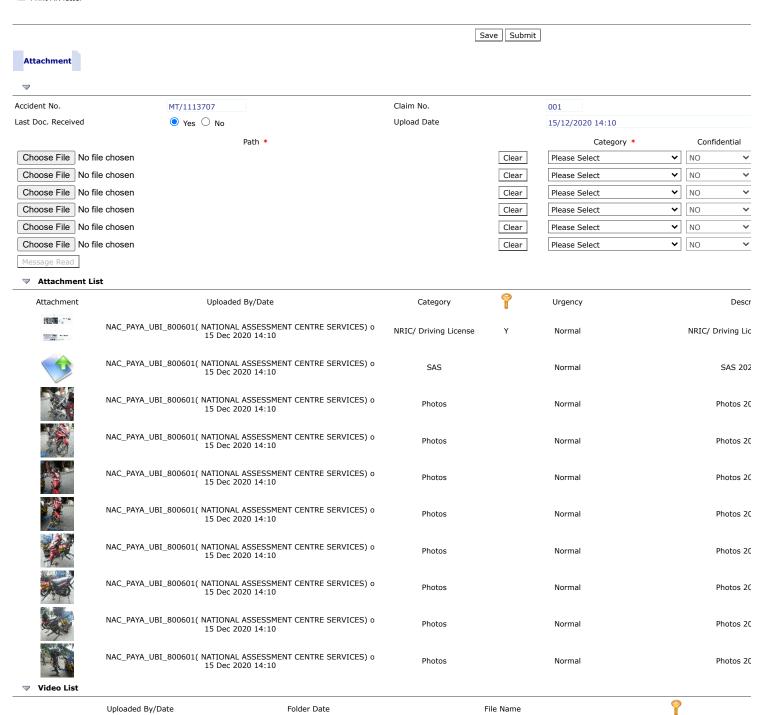
Claim Handling

Accident MT/1113707

Policy No. Certificate No.	5119408020		Vehicle No.	FBJ7848Z		GST Registration No.	
Policyholder Name	LIM SIONG INN MOTORCYCLE INSURANCE 90683122					Policyholder NRIC	
Product Code			Cover Type	Third Party, Fire & Theft No Yes		Loading	
Contact No.(Mobile)			Contact No.(Office)			Contact No.(Home) eCode	
Email Address			Special Remark				
KFK	No Yes		TCA			eCode Reason	
NCD Protection	No		NCD Entitlement(%)			Private Hire	
Accident Details							
Report Date	15/12/2020 14:06		Accident Report Within 24 hrs	Yes		Accident Type	
Date of Accident	10/12/2020		Time of Accident hh:mm	14:00		Country of Accident	
Reporting Centre			Orange Force			ICM No.	
Accident Location	MOUNTBATTEN RD)					
▼ Total Excess Applicable							
Excess Type	Per Accident		Windscreen Excess				
OD Standard Excess	0.00		TP Standard Excess		0.00		
YIED OD Excess	0.00		YIED TP Excess	YIED TP Excess		Driver is Covered?	
Additional Excess							
Total OD Excess Applicable		0.00	Total TP Excess Applicable		0.00		
▼ Benefits							
	tion						
GST Registered	No			GST Registration I			
GST Registration No.				GST Status V	/erified	Yes	
Modification History							
▼ Policyholder Mailing Add	ress						
Address 1	BLK 72 #03-11		Address 2	CIRCUIT ROAD		Address 3	
Address 4	BLK 72 #03-11		Address Type		Post Code		
Unit No.			Related Policy Number	Singapore address 5119408020		Post Code	
▼ OI Driver Info			Related Folicy Number	3119408020			
Driver Name	LIM SIONG INN		Driver Type	Main Driver			
Unnamed driver Name	En diene ini		Driver NRIC	S2757108E		Driver DOB	
Register Date of Driver License	20/09/2002		Driver Age	56		Driving Experience	
Contact No.(Mobile)	90683122		Contact No.(Office)			Contact No.(Home)	
Address 1	BLK 72 #03-11		Address 2	CIRCUIT ROAD		Address 3	
Address 4				Address Type Singapore address		Post Code	
Unit No.							
Does he own a Singapore	Yes No		Driver Vehicle No.	Driver Vehicle No.		Driver Insurer Comp	
Registered car?	0.111						
Declaration							
Breathalyser or Blood Test	0 mg		Apy injuny?	⊗ Voc. ○ No.			
Reading?	0 mg		Any injury?	Yes No			
Modification History							
aut. and							
Claim 001 New							
Claim Type *					OD-MX	✓ Insured Name LIM SION	
						Contact	
Contact No.(Mobile)					9068 3122	No. (Home)	
						OI	
Email Address						Vehicle FBJ78482 Number	
Claim Description					ER170407 / SVC1770U CN 1		
Claim Description					FBJ7848Z / SKC1770H ON 1	.u Dec 2020	
Preferred Workshop	Ins	sured Liability Not at	Fault 🗸				
Regulate No. Finalisation	Preferer ✓ Repair	Preferred Worksho	GIA	~		Claire	
Date Registered	Option				15/12/2020 14:10	Claim Close	
						Date	

SHAN HUI

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