Claim Handling

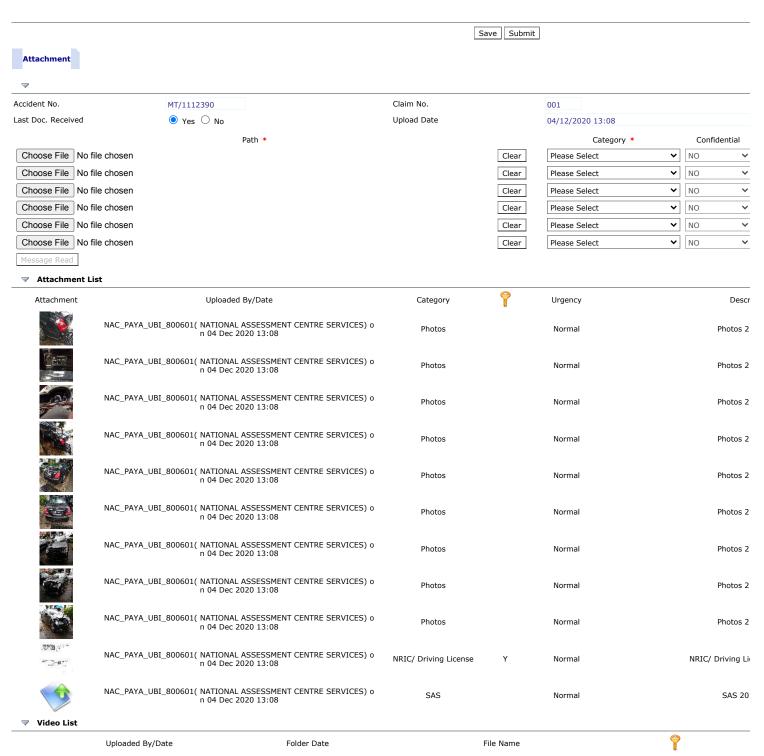
Accident MT/1112390

Policy No. Certificate No.	5110441298-01	Vehicle No.	SDE44A	GST Registration No.
Policyholder Name	TIONG SHIAN GROUP PTE. LTD.			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	96343133	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	04/12/2020 13:06	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	27/11/2020	Time of Accident hh:mm	12:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG KEONG SAIK ROAD			
▼ 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	tion			
GST Registered	Yes		GST Registration Date	01/09/201
GST Registration No.	200920994R		GST Status Verified Yes	
Modification History	04/12/2020 13:07:09 Sy 04/12/2020 13:07:09 Sy	stem changed GST Registered from No to Nate of the Stem changed GST Registration No. from n	Yes IuII to 200920994R	
	04/12/2020 13:07:09 Sy	stem changed GST Registration Date from	null to 01/09/2010	
Policyholder Mailing Add	ress			
Address 1	265 NEW BRIDGE ROAD	Address 2	ANN KWAY BUILDING	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5110441298-01	
▼ OI Driver Info				
Driver Name	LIM WONG KEE	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S0333935A	Driver DOB
Register Date of Driver License	14/06/1988	Driver Age	75	Driving Experience
Contact No.(Mobile)	96343133	Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SDE44A	Driver Insurer Comp
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	
M. d'Cool's a History				
Modification History				
Claim 001 New				
Claim Type *			OD-MX	✓ Insured Name TIONG S
0				Contact
Contact No.(Mobile)			97492558	No. (Home)
Email Address				OI Vehicle SDE44A
Email Address				Vehicle SDE44A Number
Claim Description			SDF444 / I	JNKNOWN ON 27 Nov 2020
•			DDLTTA / C	
Preferred Workshop	Insured Liability Partially	at Fault		
Regulate No. Yes	Repair Preferred Workshop	GIA	'	Claim
Date Registered	Option	·	04/12/2020	0 13:08 Close
				Date

Report Taken By

ROSLI WAHAB

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