## Claim Handling

Accident MT/1114761						
Policy No.	5073254177-05	Vehicle No.	SKC2222S	GST Regist	GST Registration No.	
Certificate No.						
Policyholder Name	CHUA WEI ZHOU			Policyholde	r NRIC	S8233255C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	Loading	
Contact No.(Mobile)	97731314	Contact No.(Office)	0	Contact No	.(Home)	0
Email Address		Special Remark		eCode		No 🕶
KFK	No Yes	TCA	No	eCode Reas	son	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	e	No
Accident Details						
Report Date	23/12/2020 15:15	Accident Report Within 24 hrs	Yes	Accident Ty	/pe	Collision - Head to
Date of Accident	21/12/2020	Time of Accident hh:mm	16:00	Country of	Accident	Singapore
Reporting Centre		Orange Force		ICM No.		
Accident Location	ALONG TELOK BLANGAH RD					
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess	100.00			
OD Standard Excess	600.00	TP Standard Excess	0.00			Covered
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Co	overed?	
Additional Excess	0.00					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00			
	tion					
GST Registered	No		GST Registration Date			
GST Registration No.			GST Status Verified	,	Yes	
Modification History						
▼ Policyholder Mailing Add	ress					
Address 1	BLK 467A #08-163	Address 2	ADMIRALTY DRIVE	Address 3		
Address 4		Address Type	Singapore address	Post Code		751467
Unit No.	08-163	Related Policy Number	5073254177-05			
▼ OI Driver Info						
Driver Name	CHUA WEI ZHOU	Driver Type	Main Driver			
Unnamed driver Name		Driver NRIC	S8233255C	Driver DOB	Driver DOB	
Register Date of Driver License	03/08/2004	Driver Age	38	Driving Exp	erience	16
Contact No.(Mobile)	97731314	Contact No.(Office)	0	Contact No	Contact No.(Home)	
Address 1	BLK 467A	Address 2	ADMIRALTY DRIVE	Address 3	Address 3	
Address 4		Address Type	Singapore address	Post Code	Post Code	
Unit No.	#08-163					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company		
rtegistered car.						
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	⊚ Yes ◯ No			
Modification History						
Claim 001 OD-MX New						
Claim Type *			OD-MX	Insured Name	CHUA WEI ZHOU	Insured
Cidiii 17pc			OD THA	Name Contact	CHOA WEI ZHOO	NRIC Contact
Contact No.(Mobile)			97731314	No.	NIL	No.
				(Home)		(Office)
Email Address				Vehicle Number	SKC2222S	Vehicle Number
						Name of
Claim Description			SKC2222S / S	SBR213J ON 21 Dec 2020		Preferred Worksho
Preferred	Insured Liability					
Workshop Rentike No. Finalization	Preféréred Preféréred	Not at Fault  Vorkshop, Name unknown  GIA  Received	i <b>v</b>			
Finalisation Date Registered	Option	report	23/12/2020 1	.5:18 Claim		Date
bute registered			23/12/2020 1.	Date		Received
Report Taken By			ROSLINDA	Workshop		Total Los but
			NOSEMBA	Repairer		Repaired
Print AK letter						
			Save Submit			
Attachment						
Attachment						
abla						
Accident No.	MT/1114761	Claim No.	001			
	,		202			

