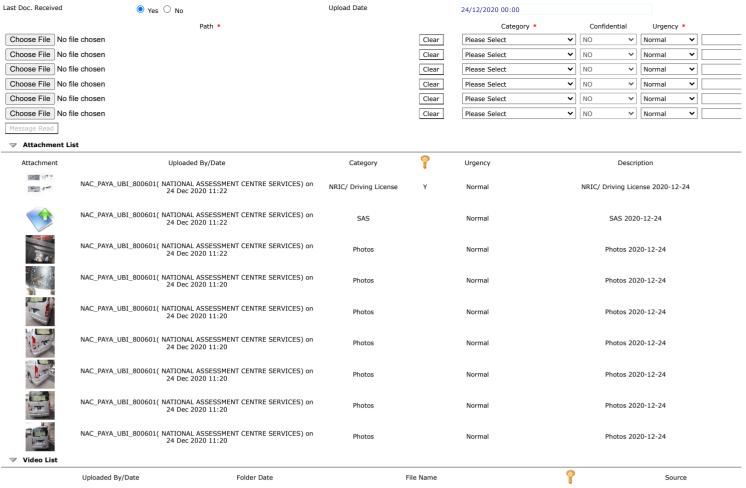
Claim Handling

Accident MT/1114864						
Policy No.	5107639711-01	Vehicle No.	GZ4748E	GST Regis	tration No.	
Certificate No.						
Policyholder Name	YISHUN AIR CON SERVICE			Policyhold	er NRIC	49318700J
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading		0
Contact No.(Mobile)	96306385	Contact No.(Office)	0	Contact N	o.(Home)	0
Email Address		Special Remark		eCode		No 🕶
KFK	No	TCA	No Yes	eCode Rea	ison	
NCD Protection	No	NCD Entitlement(%)	10	Private Hi	'e	No
▼ Accident Details						
Report Date	24/12/2020 11:16	Accident Report Within 24 hrs	Yes	Accident 1	уре	Collision - Head to
Date of Accident	23/12/2020	Time of Accident hh:mm	11:00	Country o	f Accident	Singapore
Reporting Centre		Orange Force		ICM No.		
Accident Location	EUNOS LINK					
▼ 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 0	overed?	Covered
Additional Excess						
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00			
▼ Benefits						
▼ GST Registered Informat			COT D			
GST Registered GST Registration No.	No		GST Registration Date GST Status Verified		Yes	
Modification History	24/12/2020 11:19·10 Sv	stem changed GST Status Verified from No			ies	
,	, , , , , , , , , , , , , , , , , , , ,					
▼ Policyholder Mailing Add	ress					
Address 1	NIL	Address 2		Address 3	Address 3	
Address 4		Address Type	Singapore address	Post Code		999999
Unit No.		Related Policy Number	5107639711-01			
▼ OI Driver Info						
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	TAN BOON KEONG	Driver NRIC	S1719805Z	Driver DO	Driver DOB	
Register Date of Driver License	28/07/1984	Driver Age	55	Driving Ex	Driving Experience	
Contact No.(Mobile)	96306385	Contact No.(Office)	0	Contact N	o.(Home)	0
Address 1	BLK 292A	Address 2	COMPASSVALE STREET	Address 3		SINGAPORE 5412
Address 4		Address Type	Singapore address	Post Code		541292
Unit No.	#09-230					
Does he own a Singapore Registered car?	◯ Yes ⊚ No	Driver Vehicle No.		Driver Ins	urer Company	
registered cur.						
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No			
Modification History						
Modification History						
Claim 001 OD-MX New	l					
				▼ Insured Name		CERVICE Insured
Claim Type *			OD-MX		YISHUN AIR CON	NRIC NRIC
Contact No.(Mobile)				Contact No.		Contact No.
				(Home)		(Office)
Email Address				Vehicle Number	GZ4748E	Vehicle Number
Claim Description			6747405			Name of Preferred
Claim Description			GZ4748E ,	/ SLK5924B ON 23 Dec 2020		Worksho
Preferred Workshop	Insured Liability Not at F	ault 🗸				
Workshop Rentike No. Finalisation	▼ Repair Preferred Workshop		•	Claim		
Date Registered	Option		24/12/202	20 11:23 Close		Date Received
				Date		Total Los
Report Taken By			ROSLINDA	Workshop Repairer		but Repaired
						Repaired
Print AK letter						
			Save Submit			
			 -			
Attachment						
Attachment						



Display in New Window Scan and uploading