Claim Handling

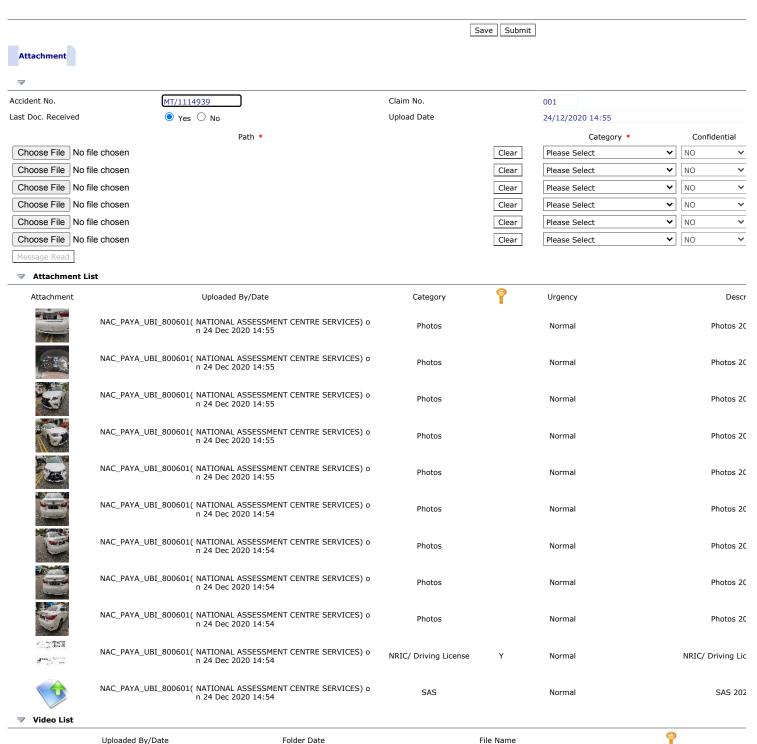
Accident MT/1114939

- · · ·					207.0
Policy No.	5118946398		Vehicle No.	SMU7192T	GST Registration No.
Certificate No. Policyholder Name	JOLIN TOH JIAN H	ПАН			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE		Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	98459978		Contact No.(Office)	diivo CLASSIC	Contact No.(Home)
Email Address	30.03370		Special Remark		eCode
KFK	No		TCA		
NCD Protection	No		NCD Entitlement(%)	0	eCode Reason Private Hire
▼ Accident Details			. ,		
Report Date	24/12/2020 14:51		Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/12/2020		. Time of Accident hh:mm	16:20	Country of Accident
Reporting Centre			Orange Force		ICM No.
Accident Location	IRWELL BANK TO	WARDS RIVER VALLE			
▼ Total Excess Applicable					
Excess Type			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 Da	
GST Registration No.	ı No.			GST Status Verified	
Modification History					
▼ Policyholder Mailing Add	ress				
Address 1	15 WEST COAST WALK		Address 2	#06-25 THE PARC CONDOMINI Address 3	
Address 4			Address Type	Address Type Singapore address	
Unit No.			Related Policy Number	5118946398	
▽ OI Driver Info					
Driver Name	POH YONG MING		Driver Type	Named Driver	
Unnamed driver Name			Driver NRIC	S8337832H	Driver DOB
Register Date of Driver License	23/02/2005		Driver Age	37	Driving Experience
Contact No.(Mobile)	98459978		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.	SMU7192T	Driver Insurer Comp
Declaration					
Breathalyser or Blood Test Reading?	0 mg		Any injury?	Yes No	
3					
Modification History					
Modification History					
Claim 001 New					
Claim Type *				OD-N	MX ✓ Insured Name JOLIN TO
Contact No (Mobile)				0644	0759 Contact No.
Contact No.(Mobile)				9644	(Home)
Email Address				iolint	OI oh@live.com.sg Vehicle SMU7192
Email Address				Jonne	Number
Claim Description				SMUZ	7192T / SLV8387Z ON 23 Dec 2020
Proformed					
Preferred Workshop	In Prefere	sured Liability Not	at Fault	1	
Regulate No. Finalisation	➤ Repair Option		shop, Name unknown V GIA report Received	d v	Claim
Date Registered				24/12	2/2020 14:54 Close Date

Report Taken By

ROSLI WAHAB





Display in New Window Scan and uploading