## **Claim Handling**

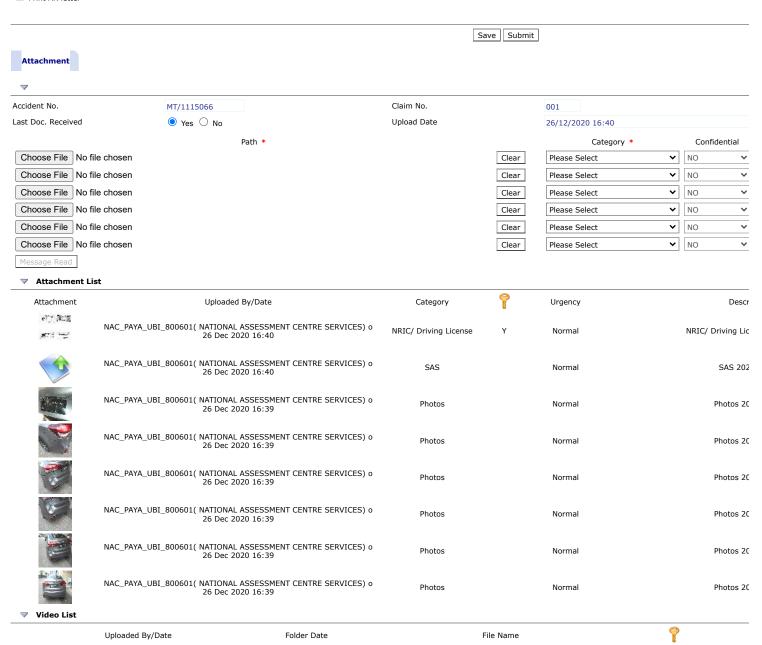
## Accident MT/1115066

Policy No. Certificate No.	5103767376-02	Vehicle No.	SBQ1711L	GST Registration No.
Policyholder Name	LOH ANNE			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	97323945	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	26/12/2020 16:36	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/12/2020	Time of Accident hh:mm	18:25	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	Paya Lebar Rd SLIP RD TO BARTLEY RD			
<b>▼ Total Excess Applicable</b>				
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 Informat	tion			
GST Registered	No		GST Registration Date	
GST Registration No.			GST Status Verified	Yes
Modification History				
— Delianhelden Meiline Add				
▼ Policyholder Mailing Add				
Address 1	8A CLIFTON VALE	Address 2	SINGAPORE 359678	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5103767376-02	
▼ OI Driver Info				
Driver Name	LIAW YONG JOO	Driver Type	Named Driver	D : DOD
Unnamed driver Name	04 (04 (0000	Driver NRIC	S1472904F	Driver DOB
Register Date of Driver License	01/01/2000	Driver Age	59	Driving Experience
Contact No.(Mobile)	91091711	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 112 #09-323	Address 2	ANG MO KIO AVENUE 4	Address 3
Address 4 Unit No.	SINGAPORE 560112	Address Type	Singapore address	Post Code
Does he own a Singapore	09-323			
Registered car?	◯ Yes ⊚ No	Driver Vehicle No.		Driver Insurer Comp
Declaration Blood Test				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	
Modification History				
Claim 001 New				
				Insured LOLLAND
Claim Type *			OD-MX	Name LOR ANN
Contact No.(Mobile)				Contact No. 6286874
				(Home)
Email Address				OI Vehicle SBQ1711
				Number
Claim Description			SBQ1711L /	FBK1605S ON 24 Dec 2020
Preferred	T	1		
Workshop	Insured Liability Not at F	GIA	4	
Finalisation Finalisation	Repair Option Preferred Workshop	o, Name unknown report Received		Claim
Date Registered			26/12/2020	16:39 Close Date

SHAN HUI

Print AK letter

Report Taken By



Display in New Window Scar

Scan and uploading