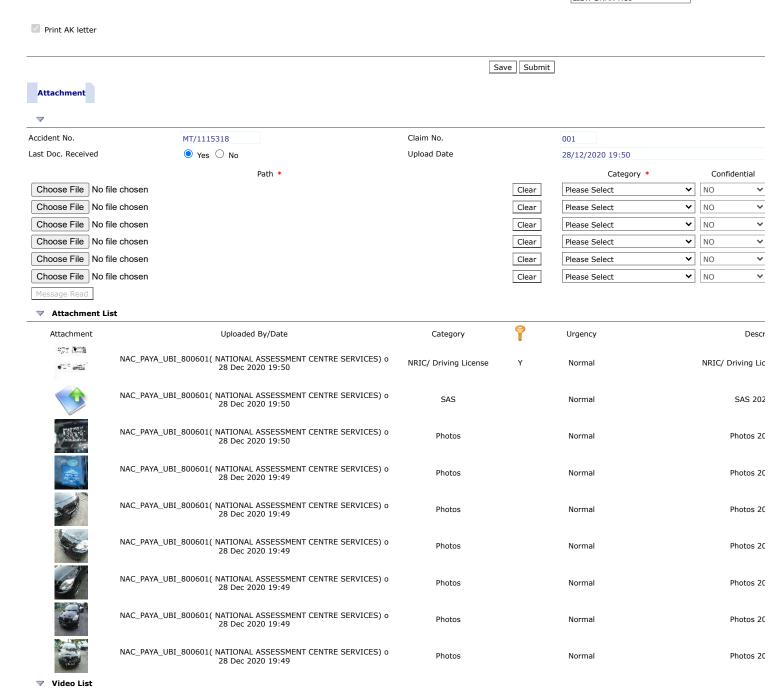
Claim Handling

Accident MT/1115318

Policy No. Certificate No.	5115263909	Vehicle No.	SJR4882G	GST Registration No.
Policyholder Name	DELTA CAR RENTALS PTE LTD			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	97725749	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	No	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
Accident Details				
Report Date	28/12/2020 19:45	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	28/12/2020	Time of Accident hh:mm	12:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	AYE, Singapore			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	
▼ Benefits				
▼ GST Registered Informat	ion			
GST Registered	No		GST Registration Date	
GST Registration No.			GST Status Verified	Yes
Modification History				
Delieubelder Meiling Add				
▼ Policyholder Mailing Add			[
Address 1	29 JALAN PERGAM	Address 2	EAST VIEW GARDEN	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5115263909-01	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	B / BBB
Unnamed driver Name	JEFF NG SAY BENG	Driver NRIC	S7514322B	Driver DOB
Register Date of Driver License	11/06/1999	Driver Age	45	Driving Experience
Contact No.(Mobile)	88785956	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 683B #05-382	Address 2	CHOA CHU KANG CRESCENT	Address 3
Address 4	05.000	Address Type	Singapore address	Post Code
Unit No. Does he own a Singapore	05-382			
Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Comp
Deslavation				
Declaration Breathalyser or Blood Test				
Reading?	0 mg	Any injury?	Yes No	
Modification History				
Claim 001 New				
Claim Type *			OD MV	Insured DELTA CO
Claim Type *			OD-MX	Name DELTA CA
Contact No.(Mobile)				Contact No.
				(Home)
Email Address				Vehicle SJR4882
				Number
Claim Description			SJR4882G / S	ML2701E ON 28 Dec 2020
Preferred	Insured Liability Fully 2	15.0		
Workshop Regulation Yes	Preferered Fully a	n Name unknown V GIA Received	· ·	
Finalisation Date Registered	Option Treferred Workship	report report	28/12/2020 1	9:49 Claim Close
			20/12/2020 1	Date

Report Taken By

LIEW SHAN HUI



Folder Date

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