## **Claim Handling**

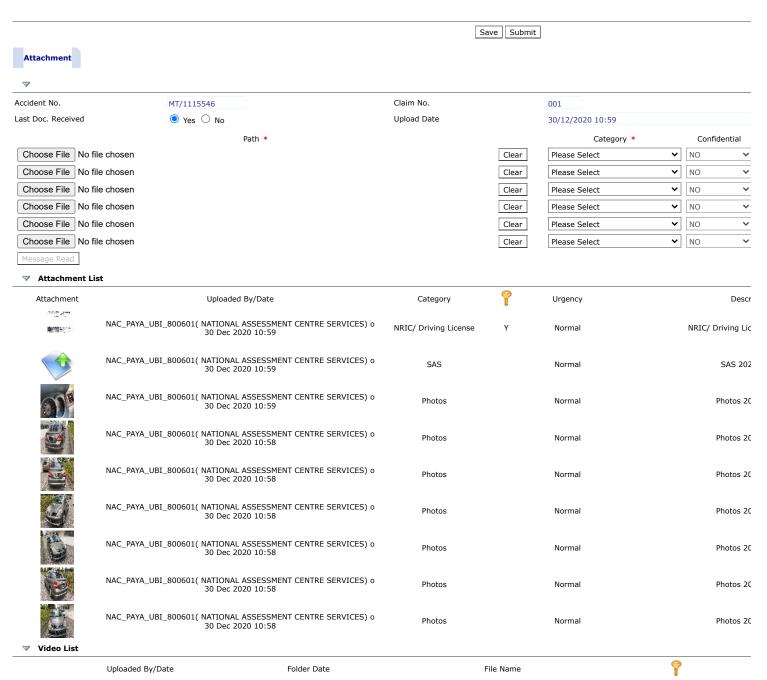
## Accident MT/1115546

Policy No. Certificate No.	te No. der Name KWEE YU MIN KAREN		Vehicle No.	SGR3887K	GST Re	egistration No.	
Policyholder Name					Policyh	Policyholder NRIC Loading	
Product Code			Cover Type	Third Party, Fire & Theft			
Contact No.(Mobile)	96553271		Contact No.(Office)	ffice)		t 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	30/12/2020 10:50		Accident Report Within 24 hrs	Yes	Accider	nt Type	
Date of Accident	29/12/2020		Time of Accident hh:mm	08:25	Countr	y of Accident	
Reporting Centre			Orange Force			).	
Accident Location	PIE, Singapore						
▼ Total Excess Applicable							
Excess Type Per Accident			Windscreen Excess	0.00			
OD Standard Excess	0.00		TP Standard Excess		0.00		
YIED OD Excess	0.00		YIED TP Excess	P Excess 0.00		is Covered?	
Additional Excess							
Total OD Excess Applicable		0.00	Total TP Excess Applicable		0.00		
<b>▼</b> Benefits							
<b>▽ GST Registered Informat</b>	ion			007.0			
GST Registered GST Registration No.	No		GST Registration Date GST Status Verified			Yes	
Modification History				GST Status Veril	ieu	ies	
,							
▼ Policyholder Mailing Add	ress						
Address 1	5000M MARINE PARADE ROAD		Address 2	#09-55 LAGOON VIEW	EW Address 3		
Address 4			Address Type	Singapore address	papore address Post Code		
Unit No.	09-55		Related Policy Number	5058278117-07			
▼ OI Driver Info							
Driver Name	Unnamed Driver		Driver Type	Unnamed Driver			
Unnamed driver Name	PONNIAH CARA ELIZABETH		Driver NRIC	S9920341B	Driver DOB		
Register Date of Driver License	09/05/2019		Driver Age	21	Driving	Experience	
Contact No.(Mobile)	91867632		Contact No.(Office)		Contac	t No.(Home)	
Address 1	5000M MARINE PARADE ROAD		Address 2	#09-55 LAGOON VIEW		s 3	
Address 4			Address Type	Singapore address	Post Co	ode	
Unit No.	09-55						
Does he own a Singapore Registered car?	◯ Yes ⊚ No		Driver Vehicle No.			Driver Insurer Compa	
Declaration							
Breathalyser or Blood Test 0 mg			Any injury?	Yes No			
reduing.							
Madification History							
Modification History							
Claim 001 New							
Claim Type *				OI	D-MX Insur Name		
Contact No.(Mobile)				96	Conta 553271 No.	6444576	
contact No.(1100110)				[50.	(Hom		
Email Address					OI Vehic		
					Numb	er	
Claim Description				SG	R3887K / SKC8974R ON 29 Dec 20	20	
Preferred		noured Liebility					
Workshop	Prefere		GIA				
Finalisation Finalisation	▼ Repair Option	Preferred Worksho	p, Name unknown report Received		Claim		
Date Registered				[30,	/12/2020 10:58 Close Date		

Report Taken By

LIEW SHAN HUI

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