

## Claim Handling

The premium on this policy has not been collected.

Accident MT/1115540

Policy No.	5120267946	Vehicle No.	SMJ5740H	GST Registrati
Certificate No.				
Policyholder Name	CHARMAINE MARIE YANG XUEMIN			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	98363244	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	30/12/2020 10:33	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	29/12/2020	Time of Accident hh:mm	12:50	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	JALAN MUTIARA			

▼ 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 Cover
Additional Excess	0			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 59 #02-65	Address 2	ENG HOON STREET	Address 3
Address 4	SINGAPORE 160059	Address Type	Singapore address	Post Code
Unit No.	02-65	Related Policy Number	5120267946	

▼ OI Driver Info

Driver Name	CHARMAINE MARIE YANG XUEMIN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8040529D	Driver DOB
Register Date of Driver License	14/09/2020	Driver Age	40	Driving Exper
Contact No.(Mobile)	98363244	Contact No.(Office)		Contact No.(H
Address 1	BLK 59 #02-65	Address 2	ENG HOON STREET	Address 3
Address 4	SINGAPORE 160059	Address Type	Singapore address	Post Code
Unit No.	02-65			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SMJ5740H	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Modification History	
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Claim 001

New

Claim Type *	OD-MX	Insured Name	CH
Contact No.(Mobile)	98363244	Contact No. (Home)	NI
Email Address		OI Vehicle Number	SM
Claim Description	SMJ5740H / SLW4279Z ON 29 Dec 2020		
Preferred Workshop	Insured Liability	Preferred Repair Option	GIA report
Contact No. Finalisation	Yes	Preferred Workshop, Name unknown	Received
Date Registered	30/12/2020 10:55	Claim Close Date	
Report Taken By	ROS LI WAHAB		

 Print AK letter

