Claim Handling

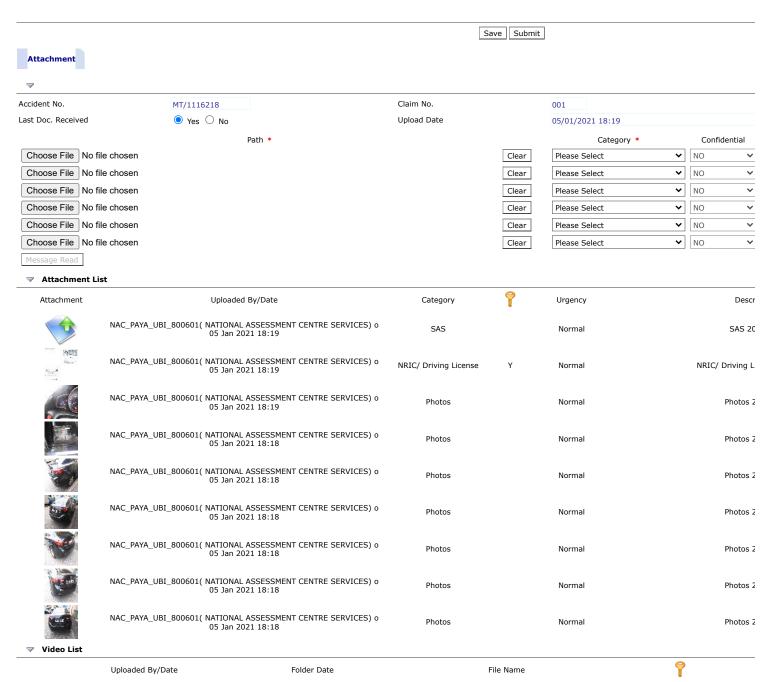
Accident MT/1116218

Policy No. Certificate No.	5108135650-01	Vehicle No.	SKX8454P	GST Registration No.	
Policyholder Name	NWE LAY YEE			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	
Contact No.(Mobile)	93824284	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	
Accident Details					
Report Date	05/01/2021 18:16	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	04/01/2021	Time of Accident hh:mm	14:10	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE, Singapore				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00	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	1	
▼ Benefits	*				
▼ GST Registered Informat			CCT Degistration Date		
GST Registered GST Registration No.	No		GST Registration Date GST Status Verified		
Modification History			oo i otatao rei inea	Yes	
,					
▼ Policyholder Mailing Add	ress				
Address 1	BLK 648 #04-139	Address 2	JALAN TENAGA	Address 3	
Address 4	SINGAPORE 410648	Address Type	Singapore address	Post Code	
Unit No.	03-09	Related Policy Number	5108135650-01		
▽ OI Driver Info					
Driver Name	NWE LAY YEE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	G0784604K	Driver DOB	
Register Date of Driver License	23/02/2009	Driver Age	47	Driving Experience	
Contact No.(Mobile)	93824284	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 648 #04-139	Address 2	JALAN TENAGA	Address 3	
Address 4	SINGAPORE 410648	Address Type	Singapore address	Post Code	
Unit No.	03-09				
Does he own a Singapore Registered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Comp	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
Modification History					
Claim 001 New					
				Insured NAME LANG	
Claim Type *			OD-MX	Name Name	
Contact No.(Mobile)			9382428	Contact No.	
				(Home) OI	
Email Address			nly.20070	@gmail.com Vehicle SKX8454	
				Number	
Claim Description			SKX8454	P / YP1668L ON 4 Jan 2021	
Preferred	Insured Liability	Net et Feville			
Workshop Regulation Yes	Prefer e red '	Not at Fault orkshop, Name unknown V GIA Received	~		
Pinalisation Date Registered	Option	report report	05/01/20	Claim Close	
=			,1/20	Date	

Report Taken By

SHAN HUI

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