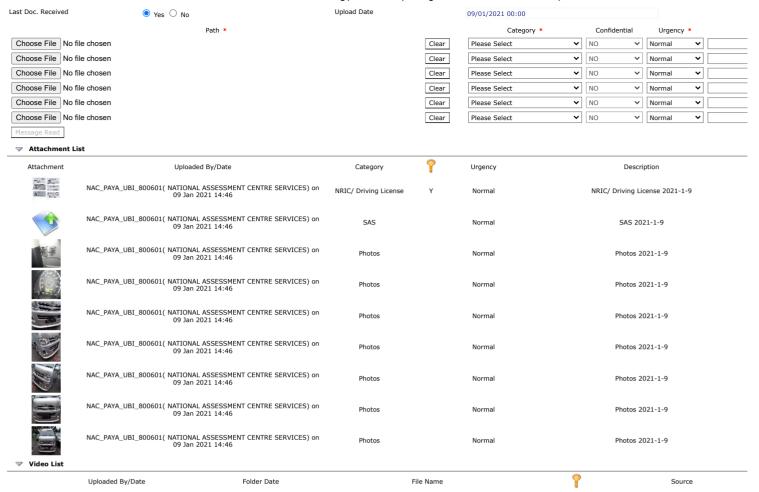
Claim Handling

Accident MT/1116677						
Policy No.	5078253027-04	Vehicle No.	CB6694L	GST Regi	stration No.	
Certificate No.						
Policyholder Name	ONG JIEW KENG			Policyholo	der NRIC	S7048099I
Product Code	BUS INSURANCE	Cover Type	Third Party, Fire & Theft	Loading		0
Contact No.(Mobile)	97651811	Contact No.(Office)	0	Contact f	No.(Home)	0
Email Address		Special Remark		eCode		No 🕶
KFK	No	TCA	No Yes	eCode Re	ason	
NCD Protection	No	NCD Entitlement(%)	0	Private H	ire	No
Accident Details						
Report Date	09/01/2021 11:42	Accident Report Within 24 hrs	Yes	Accident	Туре	Collision - Head to
Date of Accident	07/01/2021	Time of Accident hh:mm	07:45	Country	Country of Accident	
Reporting Centre		Orange Force		ICM No.		
Accident Location	TAMPINES AVE TO SLIP RD TWDS TPE					
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess	0	.00		
Excess Type	r er meddene	Willastreen Excess	0.			
OD Standard Excess	0.00	TP Standard Excess	3,000.	.00		
YIED OD Excess	0.00	YIED TP Excess	0.	.00 Driver is	Driver is Covered?	
Additional Excess						
Total OD Excess Applicable	0.00	Total TP Excess Applicable	3,000.	.00		
▼ Benefits	5.55	,,	3,000.			
▼ GST Registered Informat	ion					
GST Registered	No		GST Registration Dat	te .		
GST Registered	NO		GST Status Verified			
Modification History					100	
,						
▼ Policyholder Mailing Add	ress					
Address 1	BLK 526 #08-460	Address 2	BEDOK NORTH STREET 3	Address 3	3	SINGAPORE 4605
Address 4	BEK 320 #00 400	Address Type	Singapore address	Post Code		460526
Unit No.		Related Policy Number	5078253027-04	1031 6001	•	400320
▼ OI Driver Info		related Folley Number	30/823302/-04			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	ONG JIEW KENG	Driver NRIC	S7048099I	Driver D	Driver DOB	
Register Date of Driver License					Driving Experience	
	28/02/2007	Driver Age	50			13
Contact No.(Mobile)	97651811	Contact No.(Office)	0		No.(Home)	0
Address 1	BLK 526 #08-460	Address 2	BEDOK NORTH STREET 3	Address 3		SINGAPORE 4605
Address 4		Address Type	Singapore address	Post Code	2	460526
Unit No.						
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver In	surer Company	
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No			
M 100 11 111 1						
Modification History						
Claim 001 OD-MX New						
Claim Type *			OD-MX	✓ Insured Name	ONG JIEW KENG	Insured NRIC
				Contact		Contact
Contact No.(Mobile)			976518	No. (Home)	62462313	No. (Office)
				OI		TP
Email Address			ALICEO	NG576@YAHOO.COM.SC Vehicle Number	CB6694L	Vehicle Number
Claire Describing			one coa			Name of
Claim Description			CB6694	L / SKW2825Y ON 7 Jan 2021		Preferred Worksho
Preferred Workshop	Insured Liability Fully at	Fault 💙				
Workshop Rentikte No. Finalisation	▼ Repair Preferred Workshop		•			
Date Registered	Option	Teport	09/01/2	Claim Close		Date
· ·				Date		Received
Report Taken By			ROSLIN	IDA Worksho Repairer	P	Total Los but
				перапет		Repaired
Print AK letter						
			Save Submit			
Attachment						
₩						
	MT/4446577	CI-: **				
Accident No.	MT/1116677	Claim No.	001			



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