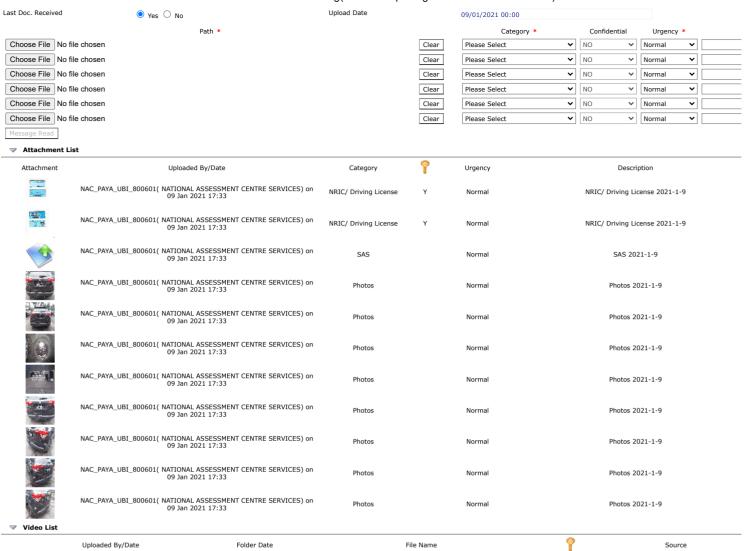
Claim Handling

Accident MT/1116716						
Policy No.	5087056616-04	Vehicle No.	SLJ8600X	GST Regis	tration No.	
Certificate No.						
Policyholder Name	WES			Policyhold	er NRIC	53352028B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading		0
Contact No.(Mobile)	81218858	Contact No.(Office)	0	Contact N	o.(Home)	0
Email Address		Special Remark		eCode		No 🗸
KFK	No	TCA	No Yes	eCode Rea	ison	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hi	'e	No
▼ Accident Details						
Report Date	09/01/2021 17:29	Accident Report Within 24 hrs	Yes	Accident 1	Accident Type	
Date of Accident	07/01/2021	Time of Accident hh:mm	18:15	Country o	Accident	Singapore
Reporting Centre		Orange Force		ICM No.		
Accident Location	WOODLANDS AVE 5 SLIP RD TO WOODLA	NDS AVE 3				
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess	100.00			
OD Standard Excess	600.00	TP Standard Excess	0.00			Covered
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is (Driver is Covered?	
Additional Excess	0.00					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00)		
▽ Benefits						
▽ GST Registered Informat						
GST Registered	No		GST Registration Date GST Status Verified		Yes	
GST Registration No. Modification History	09/01/2021 17:31:39 Sv	stem changed GST Status Verified from No			res	
riodificación rifiscory	03/01/2021 17:01:03 04	stem changed out states vermes nom he	, 10 105			
▼ Policyholder Mailing Add	ress					
Address 1	NIL	Address 2		Address 3	Address 3	
Address 4		Address Type	Singapore address	Post Code		999999
Unit No.	08-18	Related Policy Number	5087056616-04			
▼ OI Driver Info	00 10	, , , , , , , , , , , , , , , , , , , ,	5007050010 01			
Driver Name	CHIN WEI MING	Driver Type	Named Driver			
Unnamed driver Name		Driver NRIC	S8502852I	Driver DO	Driver DOB	
Register Date of Driver License	07/07/2008	Driver Age	35	Driving Ex	Driving Experience	
Contact No.(Mobile)	97304681	Contact No.(Office)	0	Contact N		0
Address 1	BLK 184A	Address 2	WOODLANDS STREET 13	Address 3		MARSILING GREE
Address 4	SINGAPORE 731184	Address Type	Singapore address	Post Code		731184
Unit No.	#18-641					
Does he own a Singapore	Yes No	Driver Vehicle No.		Driver Ins	Driver Insurer Company	
Registered car?	J. (2) (1)	Diver venicle no.		511761 2115		
Declaration						
Breathalyser or Blood Test	0 mg	Any injury?	Yes No			
Reading?	o mg	Any injury:	les ino			
Modification History						
Claim 001 OD-MX New						
ciaiiii 001 OD-IIIX						
Claim Type *			OD-MX	✓ Insured Name	WES	Insured NRIC
				Contact		Contact
Contact No.(Mobile)			97304681	No. (Home)		No. (Office)
Consil Address				OI	St 10500V	TP
Email Address				Vehicle Number	SLJ8600X	Vehicle Number
Claim Description			SI 18600X	/ SMM1886G ON 7 Jan 2021		Name of Preferred
			<u>3230000X</u>	7 SHIFT COOK ON 7 July 2021		Worksho
Preferred Workshop	Insured Liability Not at F	ault 🗸				
Workshop Renterer No. Finalisation	▼ Repair Preferred Workshop		i 💙	Claim		
Date Registered	Option	***	09/01/202	21 17:34 Close		Date Received
				Date		Total Los
Report Taken By			ROSLINDA	Workshop Repairer		but
						Repaired
Print AK letter						
			Court Court in			
			Save Submit			
Attachment						
₩						
Accident No.	MT/1116716	Claim No.	001			



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