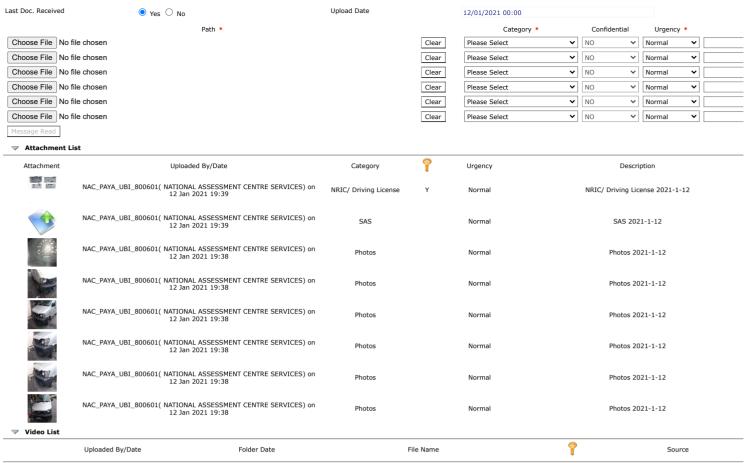
Claim Handling

Accident MT/1117143								
Policy No.	0082335829-17		Vehicle No.	GV9464L		GST Regis		
Certificate No.								
Policyholder Name	H O H MIXIM S.A					Policyholder NRIC		52976298J
Product Code	COMMERCIAL VEHICLE INSURA		Cover Type	Third Party		Loading		0
Contact No.(Mobile)	91071711		Contact No.(Office)	0		Contact No.(Home)		0
Email Address			Special Remark			eCode		No 🕶
KFK	No Yes		TCA	No Yes		eCode Reason		
NCD Protection	No		NCD Entitlement(%)	10		Private Hi	re	No
Report Date	12/01/2021 19:3	34	Accident Report Within 24 hrs	Yes		Accident 1	уре	Collision - Head to
Date of Accident	11/01/2021		Time of Accident hh:mm	13:10		Country of Accident		Singapore
Reporting Centre			Orange Force			ICM No.		
Accident Location	HOUGANG CENTI	RAL NEAR BLK 851						
▼ 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		0.00	Driver is Covered?		Covered
Additional Excess								
Total OD Excess Applicable Benefits		0.00	Total TP Excess Applicable		0.00			
	in-							
GST Registered Informat GST Registered		No		GST Registration	n Date			
GST Registration No.	NO			GST Status Verified			Yes	
Modification History		12/01/2021 19:37:13 Sy	stem changed GST Status Verified from No					
▼ Policyholder Mailing Add	ress							
Address 1	BLK 125 #20-01		Address 2	ALJUNIED ROAD		Address 3		SINGAPORE 3801
Address 4			Address Type	Singapore address		Post Code	380125	
Unit No.			Related Policy Number	0082335829-17				
▼ OI Driver Info								
Driver Name	Unnamed Driver		Driver Type	Unnamed Driver				
Unnamed driver Name	TAN BOON SEONG		Driver NRIC	S2145602J		Driver DOB		01/01/1946
Register Date of Driver License	18/02/1964		Driver Age	75		Driving Experience		56
Contact No.(Mobile)	91071711		Contact No.(Office)	0		Contact N	o.(Home)	0
Address 1	BLK 125		Address 2	ALJUNIED ROAD		Address 3		SINGAPORE 3801
Address 4			Address Type	Singapore address		Post Code		380125
Unit No.	#20-01							
Does he own a Singapore Registered car?	Yes No		Driver Vehicle No.	Driver Vehicle No.		Driver Insurer Company		
Declaration Breathalyser or Blood Test								
Reading?	0 mg		Any injury?	Yes No				
M-J:Cki II:-k								
Modification History								
Claim 001 OD-MX New								
Claim Type *				OD	-MX	✓ Insured Name	H O H MIXIM S.A	Insured NRIC
	N. (M.171.)			NITI		Contact		Contact
Contact No.(Mobile)				NIL		No. (Home)		No. (Office)
Email Address						OI Vehicle	GV9464L	TP Vehicle
						Number		Number Name of
Claim Description				GVS	9464L / SKX1555C ON 11	Jan 2021		Preferred Worksho
Preferred		naurad Linhilib						WULKSTIO
Workshop	Preféré	nsured Liability Fully at		y				
Finalisation Finalisation	▼ Repair Option	Preferred Workshop	, Name unknown report Received		04/2024 40 20	Claim		Date
Date Registered				12/	01/2021 19:39	Close Date		Received
Report Taken By				ROS	SLINDA	Workshop Repairer		Total Los but
,						— Kepairer		Repaired
Defeat AIX ! !!								
Print AK letter								
				Save Submit				
Attachment								
₩								
Accident No.	MT/111714	13	Claim No.	001				



Display in New Window | Scan and uploading