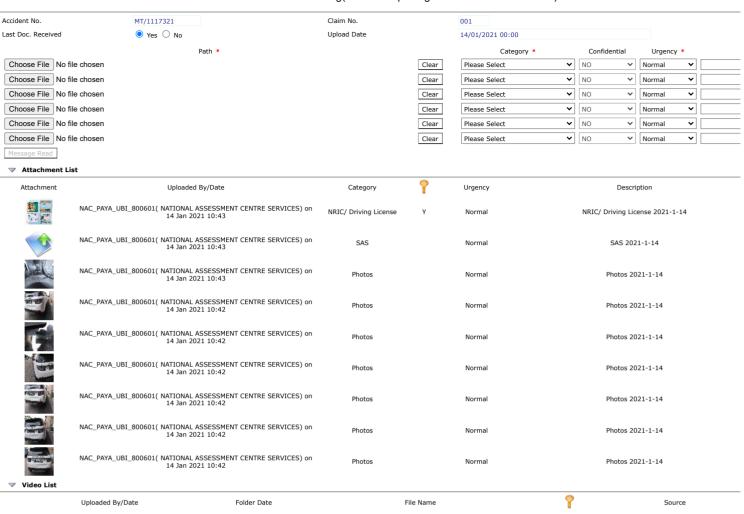
## Claim Handling

| Accident MT/1117321                    |                           |   |                        |                       |                    |               |                       |
|--|---------------------------|---|------------------------|-----------------------|--------------------|---------------|-----------------------|
| Policy No.                             | 5117186674                | Vehicle No.                               | SLE1564P               |                       |                    | ration No.    |                       |
| Certificate No.                        |                           |   |                        |                       |                    |               |                       |
| Policyholder Name                      | KWANG TIEN LI             |   |                        |                       | Policyholde        | r NRIC        | C7017670D             |
|  |                           |   |                        |                       | Policyholder NRIC  |               | S7817678D             |
| Product Code                           | PRIVATE CAR INSURANCE     | Cover Type                                | drivo CLASSIC          |                       | Loading            |               | 0                     |
| Contact No.(Mobile)                    | 96237101                  | Contact No.(Office)                       | 0                      |                       | Contact No         | .(Home)       | 0                     |
| Email Address                          |                           | Special Remark                            |                        |                       | eCode              |               | No 🕶                  |
| KFK                                    | No  Yes                   | TCA                                       | No Yes                 |                       | eCode Rea          | son           |                       |
| NCD Protection                         | Yes                       | NCD Entitlement(%)                        | 50                     |                       | Private Hire       | 9             | No                    |
| Accident Details                       |                           |   |                        |                       |                    |               |                       |
| Report Date                            | 14/01/2021 10:37          | Accident Report Within 24 hrs             | Yes                    |                       | Accident Ty        | /pe           | Collision - Head to   |
| Date of Accident                       | 13/01/2021                | Time of Accident hh:mm                    | 09:05                  |                       | Country of         |               | Singapore             |
|  | 13/01/2021                |   | 09.03                  |                       |                    | Accident      | Singapore             |
| Reporting Centre                       |                           | Orange Force                              |                        |                       | ICM No.            |               |                       |
| Accident Location                      | KPE TWDS ECP B4 AIRPORT R | D EXIT                                    |                        |                       |                    |               |                       |
| ▼ Total Excess Applicable              |                           |   |                        |                       |                    |               |                       |
| Excess Type                            | Per Accident              | Windscreen Excess                         | 10                     | 00.00                 |                    |               |                       |
|  |                           |   |                        |                       |                    |               |                       |
| OD Standard Excess                     | 600.0                     | 0 TP Standard Excess                      |                        | 0.00                  |                    |               |                       |
| YIED OD Excess                         | 500.0                     | 0 YIED TP Excess                          |                        | 0.00                  | Driver is Covered? |               | Covered               |
| Additional Excess                      | 0.0                       | 0   |                        |                       |                    |               |                       |
| Total OD Excess Applicable             | 1,100.0                   | 0 Total TP Excess Applicable              |                        | 0.00                  |                    |               |                       |
|  | ,                         |   |                        |                       |                    |               |                       |
| Coverage                               |                           |   | Sum Insured            |                       |                    |               |                       |
| Accessory                              |                           |   | 2000                   |                       |                    |               |                       |
|  |                           |   | 2000                   |                       |                    |               |                       |
|  |                           |   |                        |                       |                    |               |                       |
| GST Registered                         | No                        |   | GST Registration I     |                       |                    |               |                       |
| GST Registration No.                   |                           |   | GST Status Verifie     | :d                    |                    | Yes           |                       |
| Modification History                   |                           |   |                        |                       |                    |               |                       |
|  |                           |   |                        |                       |                    |               |                       |
| ▼ Policyholder Mailing Add             | ress                      |   |                        |                       |                    |               |                       |
| Address 1                              | 28 FLORA DRIVE            | Address 2                                 | #01-52 FERRARIA PARK C | CONDO                 | Address 3          |               | SINGAPORE 5069        |
| Address 4                              |                           | Address Type                              | Singapore address      |                       | Post Code          |               | 506951                |
| Unit No.                               | 01-52                     | Related Policy Number                     | 5117186674             |                       |                    |               |                       |
| ▼ OI Driver Info                       | 01 02                     |   | 311/1000/1             |                       |                    |               |                       |
|  |                           | n   |                        |                       |                    |               |                       |
| Driver Name                            | Unnamed Driver            | Driver Type                               | Unnamed Driver         |                       |                    |               |                       |
| Unnamed driver Name                    | POON HOR YUEN(PAN KEYUAN  |   | S7400740F              |                       | Driver DOE         |               | 22/01/1974            |
| Register Date of Driver License        | 25/05/1998                | Driver Age                                | 46                     |                       | Driving Exp        | perience      | 22                    |
| Contact No.(Mobile)                    | 91297996                  | Contact No.(Office)                       | 0                      |                       | Contact No         | .(Home)       | 0                     |
| Address 1                              | 45 SIMEI RISE             | Address 2                                 | SAVANNAH CONDOPARK     |                       | Address 3          |               | SINGAPORE 5287        |
| Address 4                              |                           | Address Type                              | Singapore address      |                       | Post Code          |               | 528786                |
| Unit No.                               | #01-32                    |   |                        |                       |                    |               |                       |
| Does he own a Singapore                |                           | Driver Vehicle No.                        |                        |                       | Driver Inc         | irer Company  |                       |
| Registered car?                        | Yes No                    | Driver venicie No.                        |                        |                       | Driver Insu        | irer Company  |                       |
|  |                           |   |                        |                       |                    |               |                       |
| Declaration                            |                           |   |                        |                       |                    |               |                       |
| Breathalyser or Blood Test<br>Reading? | 0 mg                      | Any injury?                               | Yes  ○ No              |                       |                    |               |                       |
| reduing:                               |                           |   |                        |                       |                    |               |                       |
|  |                           |   |                        |                       |                    |               |                       |
| Modification History                   |                           |   |                        |                       |                    |               |                       |
|  |                           |   |                        |                       |                    |               |                       |
| Claim 001 OD-MX New                    |                           |   |                        |                       |                    |               |                       |
|  |                           |   |                        |                       |                    |               |                       |
|  |                           |   |                        |                       | Insured            |               | Insured               |
| Claim Type *                           |                           |   | OD-M                   | 4X •                  | Name               | KWANG TIEN LI | NRIC                  |
| Contact No.(Mobile)                    |                           |   | 9623                   | 7101                  | Contact<br>No.     | 65145000      | Contact<br>No.        |
| Contact No.(Mobile)                    |                           |   | 9623                   | /101                  | (Home)             | 65145990      | (Office)              |
| E 11411                                |                           |   | -                      |                       | OI                 |               | TP                    |
| Email Address                          |                           |   | Joyce                  | e_Kwang@pub.gov.sg    | Vehicle<br>Number  | SLE1564P      | Vehicle<br>Number     |
|  |                           |   |                        |                       |                    |               | Name of               |
| Claim Description                      |                           |   | SLE1                   | 564P / SMA1246S ON 13 | Jan 2021           |               | Preferred<br>Workshop |
| Preferred                              | Inquend Linkilit          |   |                        |                       |                    |               |                       |
| Workshop                               | Preferered                | GIA                                       |                        |                       |                    |               |                       |
| Rentace No. Yes                        | Repair Preferre           | ed Workshop, Name unknown report Received |                        |                       | _ Claim            |               | Date                  |
| Date Registered                        |                           |   | 14/01                  | 1/2021 10:43          | Close<br>Date      |               | Received              |
|  |                           |   |                        |                       | □ Workshop         |               | Total Loss            |
| Report Taken By                        |                           |   | ROSL                   | INDA                  | Repairer           |               | but<br>Repaired       |
|  |                           |   |                        |                       |                    |               |                       |
| Print AK letter                        |                           |   |                        |                       |                    |               |                       |
| _ THICAR ICACI                         |                           |   |                        |                       |                    |               |                       |
|  |                           |   |                        |                       |                    |               |                       |
|  |                           |   | Save Submit            |                       |                    |               |                       |
| <b>.</b> . <b>.</b>                    |                           |   |                        |                       |                    |               |                       |
| Attachment                             |                           |   |                        |                       |                    |               |                       |



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