Claim Handling

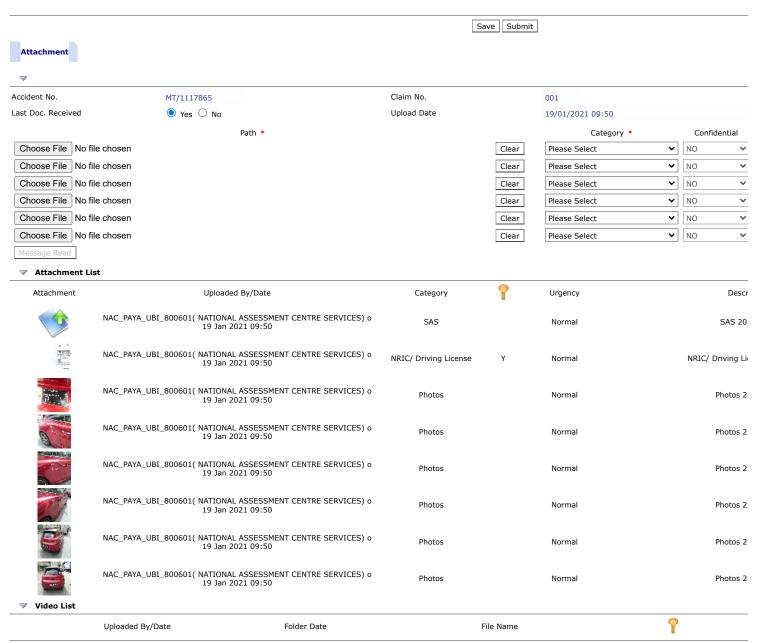
Accident MT/1117865

Policy No. Certificate No.	5115317779-01	Vehicle No.	SMQ4208Z	GST Registration No.
Policyholder Name	TING YANG SHENG JONATHAN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	91002873	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	No	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire
Accident Details				
Report Date	19/01/2021 09:48	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/01/2021	Time of Accident hh:mm	19:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	Thomson Ridge, Singapore			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	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	
▼ Benefits				
▼ GST Registered Informat				
GST Registered GST Registration No.	No		GST Registration Date GST Status Verified	Yes
Modification History			doi otatus vermeu	ies
,				
▼ Policyholder Mailing Add	ress			
Address 1	BLK 986B #08-60	Address 2	BUANGKOK CRESCENT	Address 3
Address 4	SINGAPORE 532986	Address Type	Singapore address	Post Code
Unit No.	08-60	Related Policy Number	5115317779-01	
▽ OI Driver Info				
Driver Name	TING YANG SHENG JONATHAN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9619443I	Driver DOB
Register Date of Driver License	14/09/2016	Driver Age	24	Driving Experience
Contact No.(Mobile)	91002873	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 986B #08-60	Address 2	BUANGKOK CRESCENT	Address 3
Address 4	SINGAPORE 532986	Address Type	Singapore address	Post Code
Unit No.	08-60			
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	
Madification History				
Modification History				
Claim 001 New				
Claim Type *			OD-MX	Insured Name TING YAM
Contact No.(Mobile)			91002873	Contact No.
contact No.(1100110)			31002073	(Home)
Email Address				OI Vehicle SMQ4208
				Number
Claim Description			SMQ42082	Z / YN5402X ON 15 Jan 2021
Preferred				
Workshop	ricieleleu	t at Fault		
Finalisation Finalisation	Repair Preferred Work	kshop, Name unknown report Received		Claim
Date Registered			19/01/202	21 09:50 Close Date

Report Taken By

SHAN HUI

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