Claim Handling

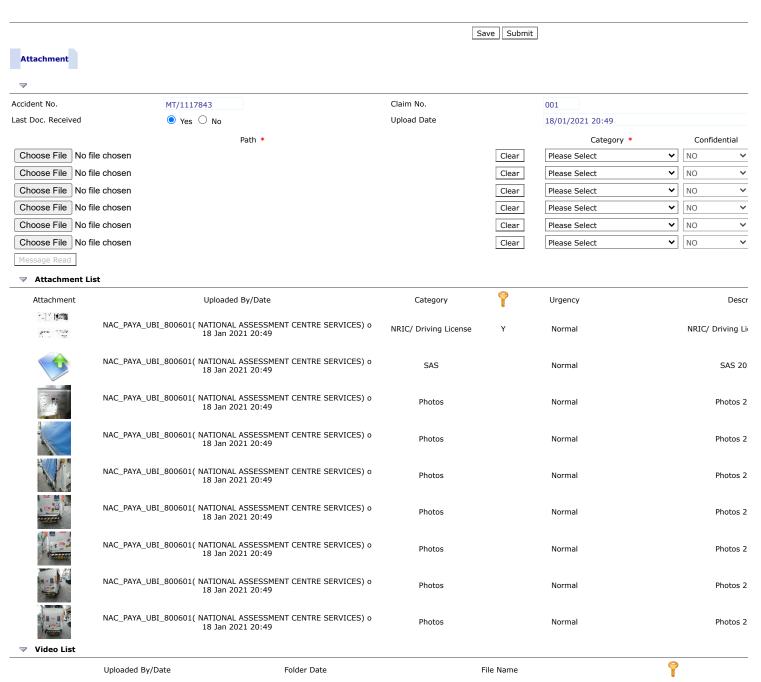
Accident MT/1117843

Policy No. Certificate No.	5114193775-01	Vehicle No.	GBE3855E	GST Registration No.	
Policyholder Name	CHUA SOON SENG			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	90108268	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	
Accident Details					
Report Date	18/01/2021 20:46	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	16/01/2021	Time of Accident hh:mm	12:30	Country of Accident	
Reporting Centre	10/01/2021	Orange Force	12.30	ICM No.	
Accident Location	Eunos Link, Singapore	Orange Force		ICH NO.	
▼ Total Excess Applicable	Lunos Link, Singapore				
	Dan Annidant	Windows France	400.0		
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	1,500.00	TP Standard Excess	0.0	10	
YIED OD Excess	0.00	YIED TP Excess	0.0		
Additional Excess	0.00	TED IT EXCESS	0.0	briver is covered.	
Total OD Excess Applicable	1500.00	Total TP Excess Applicable	0.0	90	
▼ Benefits	1300.00	Total TF Excess Applicable	0.0	0	
	i.a.s				
			CCT Desistantian Data		
GST Registered GST Registration No.	No		GST Registration Date	GST Registration Date GST Status Verified Yes	
Modification History			GS1 Status Verified	Tes	
Produicación Fristory					
▼ Policyholder Mailing Add	ress				
Address 1	BLK 608 #03-151	Address 2	HOUGANG AVENUE 4	Address 3	
Address 4	22.000 # 03 131	Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5114193775-01	r ost code	
▼ OI Driver Info		Neidted Folicy Number	3114193773-01		
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHUA SOON SENG	Driver NRIC	S0053457I	Driver DOB	
Register Date of Driver License		Driver Age	68	Driving Experience	
_	13/02/1979		00	Contact No.(Home)	
Contact No.(Mobile)	90108268	Contact No.(Office)	HOUGANG AVENUE 4		
Address 1	BLK 608 #03-151	Address 2	HOUGANG AVENUE 4	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No. 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		
Modification History					
Claim 001 New					
Claim Type *			OD-MX	✓ Insured Name CHUA SO	
				Contact	
Contact No.(Mobile)			9010826	No. 6286826 (Home)	
				OI	
Email Address				Vehicle GBE3855 Number	
Claim Description					
Claim Description			[GBE385]	5E / UNKNOWN ON 16 Jan 2021	
Preferred	Insured Liability Not at	Fault 🗸			
Workshop Regulation Yes	Preferered Preferred Worksho	n Name unknown V GIA Received	i 🔻		
Finalisation Date Registered	Option	report report		Claim 021 20:49 Close	
-				Date	

Report Taken By

SHAN HUI

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