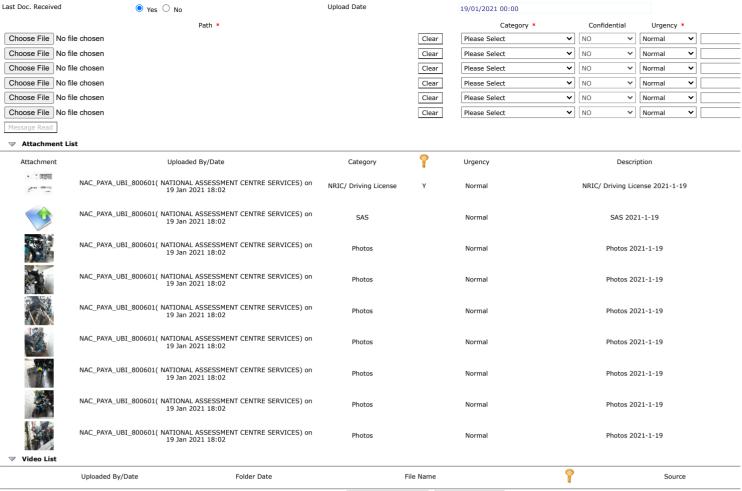
## Claim Handling

Accident MT/1117999							
Policy No.	5116580089	Vehicle No.	FBK8047G		GST Regis	tration No.	
Certificate No.							
Policyholder Name	YEP JUN KANG				Policyhold	er NRIC	S9830556D
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party		Loading		0
Contact No.(Mobile)	91381756	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	No	NCD Entitlement(%)	0		Private Hi	re	No
▼ Accident Details							
Report Date	19/01/2021 17:58	Accident Report Within 24 hrs	Yes		Accident 1	уре	Collision - Head to
Date of Accident	19/01/2021	Time of Accident hh:mm	12:15		Country o	f Accident	Singapore
Reporting Centre		Orange Force			ICM No.		
Accident Location	UBI ROAD 2						
▼ Total Excess Applicable							
Excess Type	Per Accident	Windscreen Excess					
OD Standard Excess	0.00	TP Standard Excess	0.	00			
YIED OD Excess	0.00	YIED TP Excess		0.00 Driver is Covered?		Covered?	Not Covered
Additional Excess							
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.	00			
<b>▼ Benefits</b>	0.00	Total III Excess Applicable	0.	00			
▼ GST Registered Informat	tion						
GST Registered	No		GST Registration Dat	to .			
GST Registration No.	INO		GST Status Verified			Yes	
Modification History						100	
,							
▼ Policyholder Mailing Add	ress						
Address 1	BLK 116 #13-1210	Address 2	HOUGANG AVENUE 1	Address 3			SINGAPORE 5301
Address 4		Address Type	Singapore address		Post Code		530116
Unit No.	13-1210	Related Policy Number	5116580089				
▼ OI Driver Info							
Driver Name	Yep Jun Kang	Driver Type	Main Driver				
Unnamed driver Name		Driver NRIC	S9830556D	Driver DOB		В	09/09/1998
Register Date of Driver License	01/01/2020	Driver Age	22	Driving Experience			1
Contact No.(Mobile)	91381756	Contact No.(Office)	0		Contact N		0
Address 1	BLK 116	Address 2	HOUGANG AVENUE 1		Address 3	()	SINGAPORE 5301
Address 4	BER 110	Address Type	Singapore address		Post Code		530116
Unit No.	#13-1210	Address Type	Singapore address		rost code		330116
Does he own a Singapore						_	
Registered car?	Yes No	Driver Vehicle No.			Driver Ins	urer Company	
Declaration							
Breathalyser or Blood Test	•		O.Y. O.N.				
Reading?	0 mg	Any injury?	Yes     No				
Modification History							
Claim 001 OD-MX New							
Claim Type *			OD-MX	~	Insured Name	YEP JUN KANG	Insured NRIC
Contact No.(Mobile)			9138175	56	Contact No.		Contact No.
Contact No.(Nobile)			913617	36	(Home)		(Office)
Email Address			lallal038	0@gmail.com	OI Vehicle Number	FBK8047G	TP Vehicle Number
Claim Description			FBK804	7G / SHC1114M ON 19			Name of Preferred
							Worksho
Preferred Workshop	Insured Liability Not at Fa	ault 🗸					
Workshop Rentwee No. Finalisation	Repair Preferred Workshop, Option	, Name unknown   GIA report Received	<b>~</b>		_ Claim		
Date Registered	Орион		19/01/2	021 18:03	Close		Date Received
					Date		Total Los
Report Taken By			ROSLINI	DA	Workshop Repairer		but Repaired
							Керинес
Print AK letter							
			Save Submit				
_			Jave   Jubilit				
Attachment							
Accident No.	MT/1117999	Claim No.	001				



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