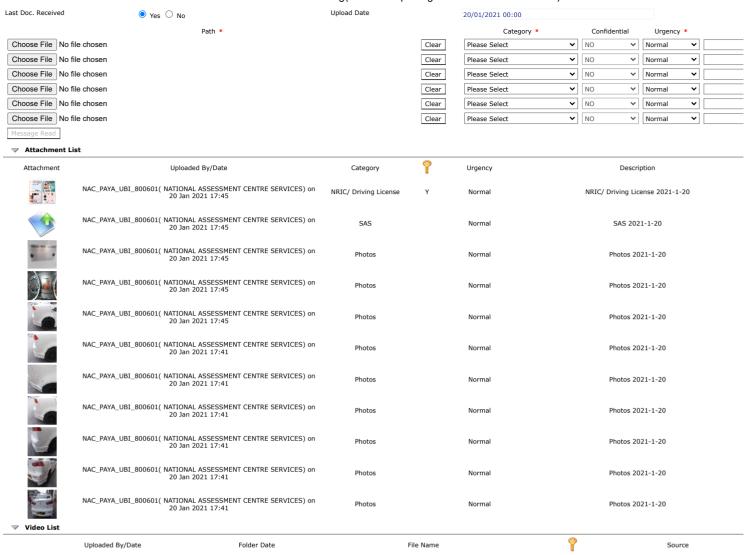
Claim Handling

Accident MT/1118112					
Policy No.	5110867532-01	Vehicle No.	SJR8239M	GST Registration No.	
Certificate No.					
Policyholder Name	YEO CHOR HENG			Policyholder NRIC	S1657075C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	97831853	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No 🗸
KFK	No	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
▼ Accident Details	103	nes Endement(%)	50		
Report Date	20/04/2024 47 27	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
	20/01/2021 17:37				
Date of Accident	19/01/2021	Time of Accident hh:mm	19:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SIMON ROAD				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Chandard F	500.00	TD Chandend Success	0.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	2	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
▼ Benefits					
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
▼ Policyholder Mailing Add					
Address 1	5 NIM GREEN	Address 2	SELETAR HILLS ESTATE	Address 3	SINGAPORE 8076
Address 4		Address Type	Singapore address	Post Code	807605
Unit No.		Related Policy Number	5120674316		
▽ OI Driver Info					
Driver Name	CALVIN YEO WEI XIANG	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S9339345G	Driver DOB	16/10/1993
Register Date of Driver License	01/01/2013	Driver Age	27	Driving Experience	8
Contact No.(Mobile)	86888851	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 808B	Address 2	CHOA CHU KANG AVENUE 1	Address 3	KEAT HONG AXIS
Address 4	SINGAPORE 682808	Address Type	Singapore address	Post Code	682808
Unit No.	#12-578				
Does he own a Singapore	Yes No	Driver Vehicle No.		Driver Insurer Company	
Registered car?					
Declaration					
Breathalyser or Blood Test			O. V. O. V.		
Reading?	0 mg	Any injury?	Yes No		
Modification History					
Claim 001 OD-MX New					
				Incured	Insured
Claim Type *			OD-MX	Insured Name YEO CHOR HENG	NRIC
Contact No.(Mobile)				Contact No. NIL	Contact No.
				(Home)	(Office)
Email Address				OI Vehicle SJR8239M	TP Vehicle
				Number	Number
Claim Description			SJR8239M / SGN	N7999R ON 19 Jan 2021	Name of Preferred
5 ()					Worksho
Preferred Workshop Rentike No. Yes	Insured Liability Not at	Fault			
Finalisation Yes		op, Name unknown V GIA report Received	~	Claim	
Date Registered	Орион		20/01/2021 17:4	46 Close	Date Received
				Date	Total Los
Report Taken By			ROSLINDA	Workshop Repairer	but Repaired
					керапец
Print AK letter					
— TIME AR IEUE					
			Save Submit		
Attachment					
. accomment					
abla					
Accident No.	MT/1118112	Claim No.	001		
	,		001		



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