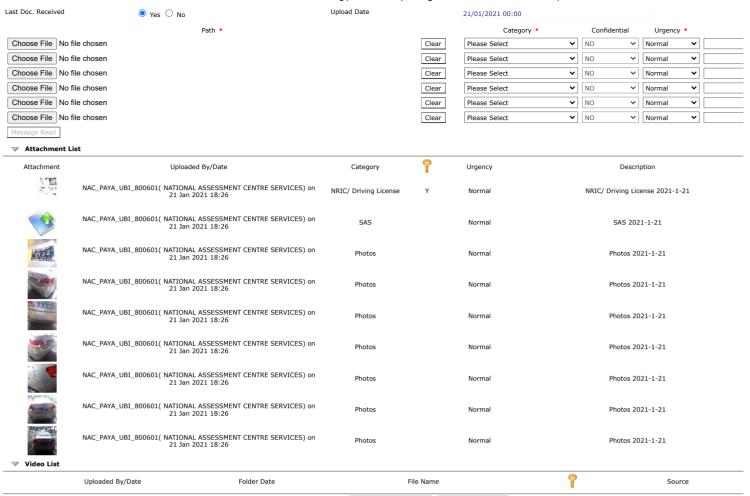
Claim Handling

Accident MT/1118259						
Policy No.	5073564972-05	Vehicle No.	SGL8229J	GST Registration No.		
Certificate No.						
Policyholder Name	CHIA LEE HUAT			Policyholde	er NRIC	S1472799Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	Loading	
Contact No.(Mobile)	98190056	Contact No.(Office)	0	Contact No	o.(Home)	0
Email Address		Special Remark		eCode		No 🗸
KFK	No Yes	TCA	No Yes	eCode Rea	son	
NCD Protection	Yes	NCD Entitlement(%)	40	Private Hir	e	No
Report Date	21/01/2021 18:22	Accident Report Within 24 hrs	Yes	Accident T	Accident Type	
Date of Accident	20/01/2021	Time of Accident hh:mm	22:40	Country of	Accident	Singapore
Reporting Centre		Orange Force		ICM No.		
Accident Location	PAYA LEBAR RD SLIP RD TO PIE					
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess	0.00			
OD Standard Excess	0.00	TP Standard Excess	0.00			
YIED OD Excess	0.00		0.00	Driver is C	overed?	Covered
Additional Excess	0.00					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00			
▼ Benefits						
	tion					
GST Registered	No		GST Registration Date			
GST Registration No.			GST Status Verified		Yes	
Modification History						
▼ Policyholder Mailing Add	ross					
Address 1	BLK 909 #13-108	Address 2	HOUGANG STREET 91	Address 3		SINGAPORE 5309
Address 4	BLK 909 #13-108	Address Type	Singapore address		Post Code	
Unit No.	13-108	Related Policy Number	5073564972-05	rost code		530909
▼ OI Driver Info	13-100	Related Folicy Number	30/33649/2-03			
Driver Name	CHIA LEE HUAT	Driver Type	Main Driver			
Unnamed driver Name	GHIN EEE HOW	Driver NRIC	S1472799Z	Driver DOF	Driver DOB	
Register Date of Driver License	30/10/1981	Driver Age	59		Driving Experience	
Contact No.(Mobile)	595527	Contact No.(Office)	0		Contact No.(Home)	
Address 1	BLK 909	Address 2	HOUGANG STREET 91		Address 3	
Address 4	DER 909	Address Type	Singapore address		Post Code	
Unit No.	#13-108	Address Type	Singapore dadress	1050 0000		530909
Does he own a Singapore	Yes No	Driver Vehicle No.		Driver Inc.	Driver Insurer Company	
Registered car?	ics who	Briver vehicle No.	briver verticle No.		Sirver Insurer company	
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No			
Modification History						
Claim 001 OD-MX New						
				▼ Insured Name		Insured
Claim Type *			OD-MX	Name Contact	CHIA LEE HUAT	NRIC Contact
Contact No.(Mobile)			98190056	No. (Home)	+	No. (Office)
Email Address				OI Vehicle	SGL8229J	TP Vehicle
				Number		Number Name of
Claim Description			SGL8229J / S	SMW7462D ON 20 Jan 2021		Preferred Worksho
Preferred	Insured Liability	Not at Fault ✓				
Workshop Rentere No. Finalisation	✓ Repair Preferred	Workshop, Name unknown	d 🗸			
Date Registered	Option	Teport	21/01/2021	18:28 Claim Close		Date Received
				Date		Total Los
Report Taken By			ROSLINDA	Workshop Repairer		but Repaired
Print AK letter						
			Savo Cubmit			
			Save Submit			
Attachment						
▽						
Accident No.	MT/1118259	Claim No.	001			
ACCIDENCE INC.	1111/1110523	Ciaiiii No.	001			



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