Claim Handling

The premium on this policy has not been collected.

Accident MT/1118635				
Policy No.	5120614767	Vehicle No.	SLU9246X	GST Registration No.
Certificate No.				
Policyholder Name	CHNG KENG HUI			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	97708899	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	No	TCA	No Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire
▼ Accident Details				
Report Date	25/01/2021 16:15	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/01/2021	Time of Accident hh:mm	11:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	57 SELETAR GREEN VIEW	2.552		
▼ Total Excess Applicable	or occervations			
Excess Type	Per Accident	Windscreen Excess	100.00	
Excess Type	rei Aeddelle	Wildselden Excess	100.00	
OD Standard Excess	0.00	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	0.00	Total TP Excess Applicable	0.00	
■ Benefits		, , , , , , , , , , , , , , , , , , ,		
Coverage			Sum Insured	
Excess Waiver			999999999999999999999999999999999999999	
▼ GST Registered Informat	tion		333333333	
GST Registered	No		GST Registration Date	
GST Registration No.			GST Status Verified Yes	
Modification History				
Address 1	57 SELETAR GREEN VIEW	Address 2	SINGAPORE 805183	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5120614767	
▼ OI Driver Info Driver Name	Chan Kana IIi	Deliver Tues	Main Driver	
Unnamed driver Name	Chng Keng Hui	Driver Type Driver NRIC	Main Driver S0186218I	Driver DOB
Register Date of Driver License	01/01/2016	Driver Age		Driving Experience
_	01/01/2016		67	
Contact No.(Mobile)	97708899	Contact No.(Office)	CWG1000 005100	Contact No.(Home)
Address 1	57 SELETAR GREEN VIEW	Address 2	SINGAPORE 805183	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No. Does he own a Singapore				
Registered car?	Yes No	Driver Vehicle No.	SLU9246X	Driver Insurer Comp
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	
Modification History				
Claim 001 New				
				Incured
Claim Type *			OD-MX	Insured Name CHNG KE
Contact No.(Mobile)			96223322	Contact No. NIL
Contact Hol(Hoone)			30223322	(Home)
Email Address			CHAMELONSG	@GMAIL.COM Vehicle SLU9246
				Number
Claim Description			SLU9246X / G	BB7925B ON 24 Jan 2021
Preferred	Insured Liability Not at	Fault		
Werkshop	Preferered Liability Not at	Fault GIA		

Folder Date

Display in New Window Scan and uploading

File Name

Uploaded By/Date

Video List