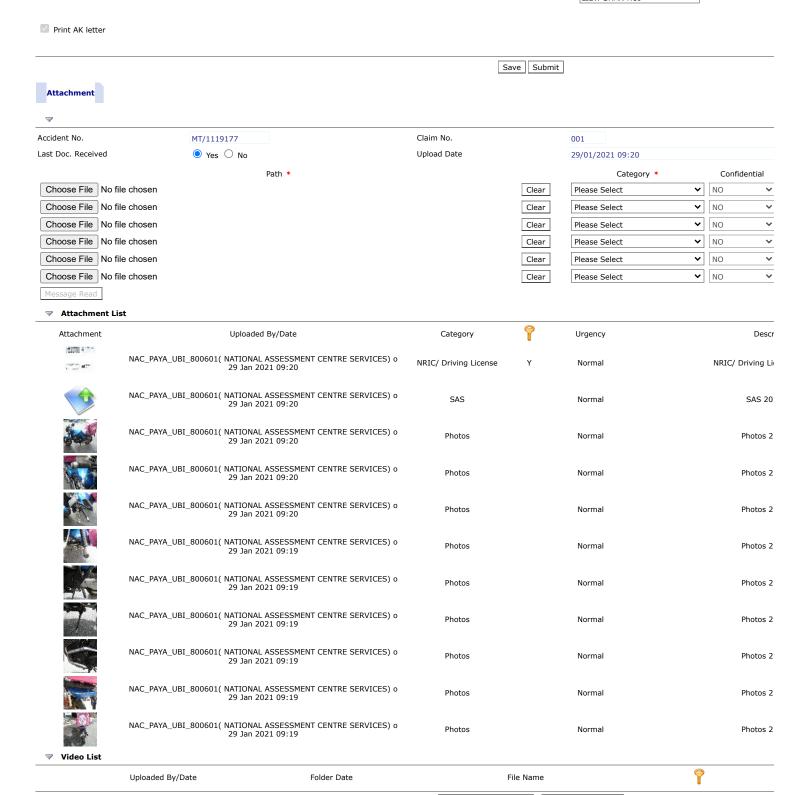
Claim Handling

Accident MT/1119177

Policy No. Certificate No.	5113916729-01		Vehicle No.	FBK5605R		GST Registration No.		
Policyholder Name	ALFRED YIP MING LIANG					Policyholde	er NRIC	
Product Code	MOTORCYCLE INSURANCE		Cover Type	Third Party		Loading		
Contact No.(Mobile)	93275605		Contact No.(Office)			Contact No	o.(Home)	
Email Address			Special Remark	Remark		eCode		
KFK	No		TCA No Yes			eCode Reason		
NCD Protection	No		NCD Entitlement(%)	15		Private Hir	·e	
Accident Details								
Report Date	29/01/2021 09:17		Accident Report Within 24 hrs	Yes	Ad		уре	
Date of Accident	21/01/2021		Time of Accident hh:mm	22:05	22:05		f Accident	
Reporting Centre			Orange Force		ICM No.			
Accident Location	Ang Mo Kio Ave 1, S	ingapore						
▼ 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 Covere		overed?	
Additional Excess								
Total OD Excess Applicable		0.00	Total TP Excess Applicable		0.00			
▼ Benefits								
▼ GST Registered Informat	tion							
GST Registered	No			GST Registration Date				
GST Registration No.				GST Status Ve	erified		Yes	
Modification History								
— Balianhaldan Mailina Add								
▼ Policyholder Mailing Add								
Address 1	BLK 173 #05-401		Address 2	WOODLANDS STREET				
Address 4			Address Type					
Unit No.			Related Policy Number	5113916729-01				
▼ OI Driver Info								
Driver Name	ALFRED YIP MING LIANG		Driver Type	Main Driver			_	
Unnamed driver Name	00/11/2015		Driver NRIC	S9336154G		Driver DOB		
Register Date of Driver License	09/11/2016		Driver Age	27			perience	
Contact No.(Mobile)	93275605		Contact No.(Office)				Contact No.(Home)	
Address 1	BLK 173 #05-401		Address 2 WOODLANDS STREET 13		13	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 Compa		
Declaration								
Breathalyser or Blood Test Reading?	0 mg		Any injury?	Yes No				
Modification History								
Claim 001 New								
						Incured		
Claim Type *					OD-MX	✓ Insured Name	ALFRED \	
Contact No.(Mobile)				Ī.	93275605	Contact No.	6969112	
				Ŀ	35275005	(Home)	0303112	
Email Address				Į.	alfred_yip@live.com.sg	OI Vehicle	FBK5605	
				L		Number		
Claim Description					FBK5605R / SLM9225Z ON 2	1 Jan 2021		
Preferred								
Workshop	Prefer e red		GIA					
Finalisation Finalisation	✓ Repair Option	Preferred Workshop	Name unknown Peport Received			Claim		
Date Registered				<u>[</u>	29/01/2021 09:19	Close Date		

Report Taken By

LIEW SHAN HUI



Display in New Window

Scan and uploading