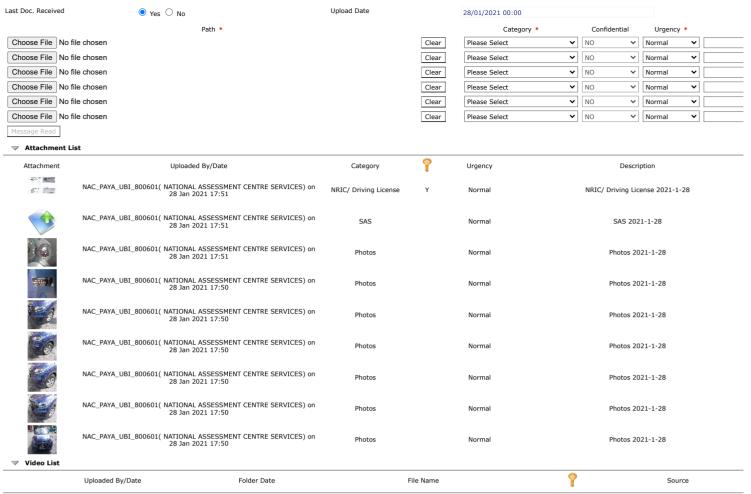
## Claim Handling

Accident MT/1119148						
Policy No.	5097939533-02	Vehicle No.	SLW4123P	GST Registra	tion No.	
Certificate No.						
Policyholder Name	YANG MING JIANN			Policyholder	NRIC	S2624254A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading		0
Contact No.(Mobile)	92375828	Contact No.(Office)	0	Contact No.(	lome)	0
Email Address		Special Remark		eCode		No 🗸
KFK	No	TCA	No Yes	eCode Reaso	a	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire		No
▼ Accident Details						
Report Date	28/01/2021 17:45	Accident Report Within 24 hrs	Yes	Accident Type	3	Collision - Change
Date of Accident	27/01/2021	Time of Accident hh:mm	18:00	Country of A	cident	Singapore
Reporting Centre		Orange Force		ICM No.		
Accident Location	BOUNDARY ROAD					
<b>▼ Total Excess Applicable</b>						
Excess Type	Per Accident	Windscreen Excess	100.00			
OD Standard Excess	600.00	TP Standard Excess	0.00			
YIED OD Excess		YIED TP Excess		Driver is Cov	43	Courant
Additional Excess	0.00	TIED IP Excess	0.00	Driver is Cov	si eu r	Covered
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00			
■ Benefits	600.00	Total TP Excess Applicable	0.00			
<b>▼ GST Registered Informat</b>	tion					
GST Registered	No		GST Registration Date			
GST Registration No.	No		GST Status Verified	Yes		
Modification History						
▼ Policyholder Mailing Add	ress					
Address 1	5 SIMEI STREET 3	Address 2	BLK 3B #01-13 EASTPOINT GR	Address 3		SINGAPORE 5298
Address 4		Address Type	Singapore address	Post Code		529892
Unit No.	08-328	Related Policy Number	5097939533-03			
▼ OI Driver Info						
Driver Name	YANG MING JIANN	Driver Type	Main Driver			
Unnamed driver Name		Driver NRIC	S2624254A	Driver DOB		20/09/1951
Register Date of Driver License	22/08/1995	Driver Age	69	Driving Expe	rience	25
Contact No.(Mobile)	92375828	Contact No.(Office)	0	Contact No.(	lome)	0
Address 1	5 SIMEI STREET 3	Address 2	##01-1301-13 EASTPOINT GR	Address 3		SINGAPORE 5298
Address 4		Address Type	Singapore address	Post Code		529892
Unit No.	#01-13					
Does he own a Singapore Registered car?				Driver Insure	Driver Insurer Company	
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ⊚ No			
Modification History						
Claim and an My						
Claim 001 OD-MX New						
Claim Type *			OD-MX	▼ Insured Name	YANG MING JIANN	Insured NRIC
Contact No (Mobile)			92375828	Contact		Contact
Contact No.(Mobile)			923/3828	(Home)	56695706	No. (Office)
Email Address			STEVE.YANGM	OI INGJIANN@GMAI Vehicle	SLW4123P	TP Vehicle
				Number		Number Name of
Claim Description			SLW4123P / L	JNKNOWN ON 27 Jan 2021		Preferred Worksho
Preferred						WOLKSHO
Workshop	Insured Liability Fully at					
Finalisation Les	Repair Preferred Workshop Option	, Name unknown report Received		Claim		Date
Date Registered			28/01/2021 1	7:52 Close Date		Received
Report Taken By			ROSLINDA	Workshop		Total Los but
			NODENBA	Repairer		Repaired
Print AK letter						
			Save Submit			
Attachment						
Attachment						
₩						
Accident No.	MT/1119148	Claim No.	001			



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