

Claim Handling

Accident MT/1119827

Policy No.	5104528720-02	Vehicle No.	XA9969G	GST Registration No.	
Certificate No.					
Policyholder Name	ONG PANG PUN			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	90013311	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	

▼ Accident Details

Report Date	03/02/2021 10:36	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	30/01/2021	Time of Accident hh:mm	14:00	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	Punggol Central, Singapore				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	500.00		
OD Standard Excess	1,500.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	1500.00	Total TP Excess Applicable	0.00		

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 522C #13-33	Address 2	TAMPINES CENTRAL 7	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5104528720-02		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ONG PANG PUN	Driver NRIC	S1428637C	Driver DOB	
Register Date of Driver License	30/09/1993	Driver Age	60	Driving Experience	
Contact No.(Mobile)	90013311	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 522C #13-33	Address 2	TAMPINES CENTRAL 7	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 Comp	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ☒ No
-------------------------------------	------	-------------	---

Modification History

Claim 001 New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Contact No. Finalisation

Date Registered

Insured Liability

Preferred

Repair Option

Not at Fault

Preferred Workshop, Name unknown

GIA report

Received

OD-MX

90013311

joseph_boyz@hotmail.com

XA9969G / SLQ1015U ON 30 Jan 2021

03/02/2021 10:40

Insured Name

Contact No. (Home)

OI Vehicle Number

Close Date

ONG PAN

6784126

XA9969G

