Claim Handling

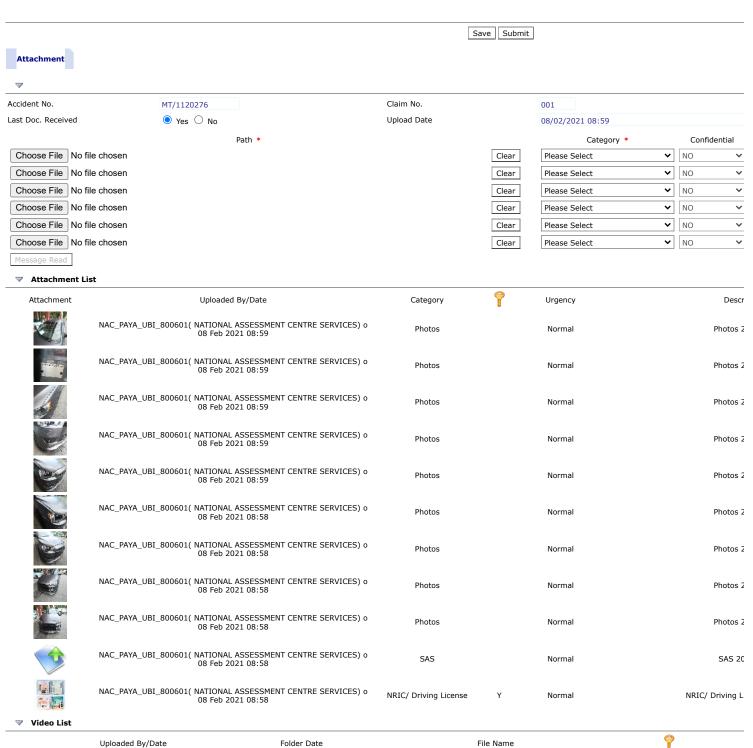
Accident MT/1120276

Policy No. Certificate No.	5120488472		Vehicle No.	SJZ2058R		GST Registration No.	
Policyholder Name	ONG WEI ZHEN					Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE		Cover Type	drivo CLASSIC		Loading	
Contact No.(Mobile)	81680521		Contact No.(Office)			Contact No.(Home)	
Email Address			Special Remark			eCode	
KFK	No		TCA	No Yes		eCode Reason	
NCD Protection	No		NCD Entitlement(%)		Private Hire		
Accident Details							
Report Date	08/02/2021 08:54		Accident Report Within 24 hrs	Yes		Accident Type	
Date of Accident	04/02/2021		Time of Accident hh:mm	17:20		Country of Accident	
Reporting Centre			Orange Force			ICM No.	
Accident Location	BLK 19 EUNOS CRESC	ENT CARPARK					
▼ Total Excess Applicable							
Excess Type	Per Accident		Windscreen Excess	100.00			
OD Standard Excess	600.00		TP Standard Excess	0.00			
YIED OD Excess	0.00		YIED TP Excess	D TP Excess 0.00		Driver is Covered?	
Additional Excess		0					
Total OD Excess Applicable		600.00	Total TP Excess Applicable		0.00		
▼ Benefits							
▼ GST Registered Informat				007.0			
GST Registered GST Registration No.	No		GST Registration Date GST Status Verified			Yes	
Modification History				GS1 Status	vermed	ies	
,							
▼ Policyholder Mailing Add	ress						
Address 1	BLK 521 #08-43		Address 2	HOUGANG AVENUE	6	Address 3	
Address 4			Address Type	Singapore address		Post Code	
Unit No.	08-43		Related Policy Number	5120488472			
▽ OI Driver Info							
Driver Name	ONG WEI ZHEN		Driver Type	Main Driver			
Unnamed driver Name			Driver NRIC	S9041977C		Driver DOB	
Register Date of Driver License	27/08/2012		Driver Age	30		Driving Experience	
Contact No.(Mobile)	81680521		Contact No.(Office)			Contact No.(Home)	
Address 1	BLK 521 #08-43		Address 2	HOUGANG AVENUE 6		Address 3	
Address 4			Address Type	Singapore address	s Post Code		
Unit No.	08-43						
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							
Produite action in instory							
Claim 001 New							
						Insured ONC WE	
Claim Type *					OD-MX	Name ONG WE	
Contact No.(Mobile)					81680521	Contact No.	
						(Home) OI	
Email Address						Vehicle SJZ2058I	
						Number	
Claim Description					SJZ2058R / SMJ1809X ON 4	Feb 2021	
Preferred	Incured	d Liability Not at Fault	1				
Workshop Regulation Yes	Preferered Repair	Preferred Workshop, Na	me unknown V GIA Peceived	i v			
Finalisation Date Registered	Option		report	· · ·	08/02/2021 08:58	Claim Close	
					,	Date	

Report Taken By

SHAN HUI

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