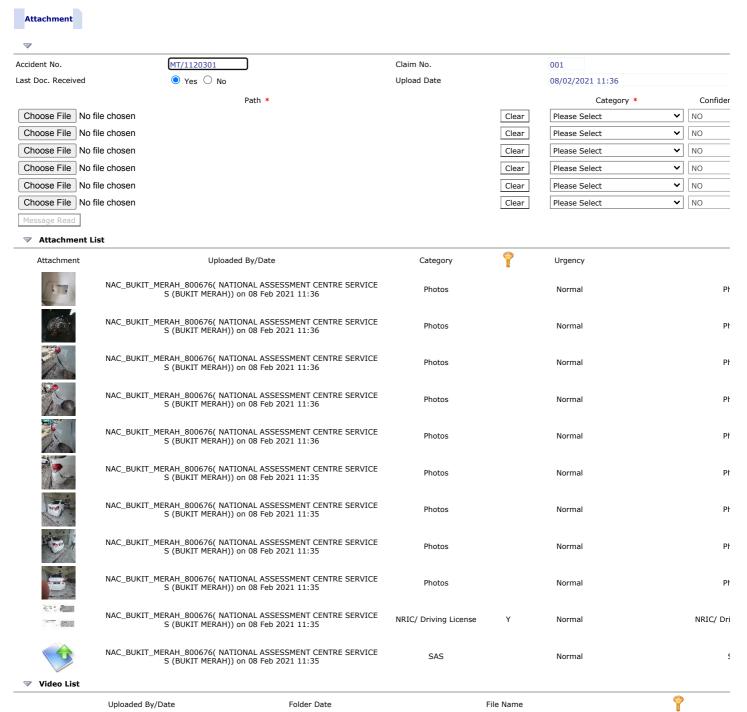
Claim Handling						
Accident MT/1120301						
Policy No.	5120764182		Vehicle No.	SLF6695G		GST Registrati
Certificate No.						
Policyholder Name	WONG KWAN YONG					Policyholder N
Product Code	PRIVATE CAR INSURANCE		Cover Type	drivo CLASSIC		Loading
Contact No.(Mobile)	94872109		Contact No.(Office)	41110 0210010		Contact No.(He
Email Address	54072103		Special Remark			eCode
	No Voc			No ○ You		
KFK	No Yes		TCA	No Yes		eCode Reason
NCD Protection			NCD Entitlement(%)	50		Private Hire
Accident Details						
Report Date	08/02/2021 11:26		Accident Report Within 24 hrs	Yes		Accident Type
Date of Accident	07/02/2021		Time of Accident hh:mm	10:00		Country of Acc
Reporting Centre			Orange Force			ICM No.
Accident Location	3A HOLLAND DRIV	VE MSCP LEVEL 2				
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		0.00	Driver is Cover
Additional Excess		0				
Total OD Excess Applicable		600.00	Total TP Excess Applicable		0.00	
	tion					
GST Registered		No		GST Registi	ation Date	
GST Registration No.	NO			GST Status		Yes
Modification History						
▼ Policyholder Mailing Add	ress					
Address 1	BLK 51 #09-269		Address 2	LENGKOK BAHRU		Address 3
Address 4	BLK 31 #09-209		Address Type	Singapore address		Post Code
Unit No.						1 ost code
			Related Policy Number	5120764182		
▼ OI Driver Info						
Driver Name	WONG KWAN YONG		Driver Type	Main Driver		
Unnamed driver Name			Driver NRIC	S1617800D		Driver DOB
Register Date of Driver License	15/10/1981		Driver Age	57		Driving Experie
Contact No.(Mobile)	94872109		Contact No.(Office)			Contact No.(He
Address 1	BLK 51 #09-269		Address 2	LENGKOK BAHRU		Address 3
Address 4			Address Type	Singapore address		Post Code
Unit No.						
Does he own a Singapore Registered car?	Yes No		Driver Vehicle No.	SLF6695G		Driver Insurer
Registered car:						
Declaration						
Breathalyser or Blood Test	0 mg		Any injury?	○ Vos. ◎ No		
Reading?	0 mg		Any injury?	Yes No		
Modification History						
Claim 001 New						
						Insured W
Claim Type *					OD-MX	Name WC
Contact No.(Mobile)					94872109	Contact No.
					31072203	(Home)
Email Address						OI Vehicle SL
						Number
Claim Description					SLF6695G / SHC5951L	ON 7 Feb 2021
Preferred Workshop	In: Prefere	sured Liability Not at	Fault 🗸			
Contact No. Yes	✔ Repair	Preferred Worksho	GIA	ed 🗸		Claim
Date Registered	Option		- 		08/02/2021 11:34	Close
Donort Takes Div					DOCLT WALLAS	Date
Report Taken By					ROSLI WAHAB	
m						
Print AK letter						

Save Submit



Display in New Window Scan and uploading