Claim Handling <u> Task Transfer</u> → Exit

▼ Accident MT/1118	3886							LOS SAL	SUB
Policy No.	5110441298-01		Vehicle No.	SDE44A		GST Registration No.	2009209	94R	
Certificate No.	me TIONG SHIAN GROUP PTE. LTD. PRIVATE CAR INSURANCE								
Policyholder Name				drivo CLASSIC		Policyholder NRIC	200920994R		
Product Code			Cover Type			Loading	0		
Contact No.(Mobile)			Contact No.(Office)			Contact No.(Home)			
Email Address			Special Remark			eCode	No 🗸		
KFK	No Yes		TCA	● No ○ Y	es	eCode Reason			
NCD Protection	Yes		NCD Entitlement(%)	50		Private Hire	No		
Accident Details									
Report Date	27/01/2021 12:02		Accident Report Within 24 hrs	Yes		Accident Type	Side Swip	e	
Date of Accident	15/01/2021		Time of Accident hh:mm	15:10		Country of Accident	Singapore		
Reporting Centre	NATIONAL ASSESSMENT CENTF		Orange Force	No		ICM No.			
Accident Location	KEONG SIAK STREET								
▼ Total Excess Appl	icable								
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 Covered?	Covered		
Additional Excess	0.00			3.00					
Total OD Excess	600.00		Total TP Excess	0.00					
Applicable Benefits		555155	Applicable		0.00				
▼ GST Registered Ir	formation								
GST Registered				GST Registration Date		01/09/2010			
GST Registration No.	Yes 200920994R				Status Verified	Yes			
Modification History									
Policyholder Maili	ng Address								
Address 1	265 NEW BRIDGE ROAD		Address 2	ANN KWAY	BUILDING	Address 3	SINGAPO	RE 088745	
Address 4			Address Type	Singapore a	address	Post Code	088745		
Unit No.			Related Policy Number	511044129	98-01				
▽ OI Driver Info									
Driver Name	LIM WONG KEE		Driver Type	Main Driver					
Unnamed driver Name Register Date of Driver			Driver NRIC	S0333935A	1	Driver DOB	06/12/1944		
License	14/06/1988		Driver Age	76		Driving Experience	32		
Contact No.(Mobile)	96282002		Contact No.(Office)			Contact No.(Home)			
Address 1			Address 2			Address 3			
Address 4			Address Type	Foreign address		Post Code			
Unit No.									
Does he own a Singapore Registered	○ Yes ⊚	No	Driver Vehicle No.			Driver Insurer Company			
car?									
▽ Declaration									
Breathalyser or Blood	0 mg		Any injury?	Yes	No				
Test Reading?				0 0					
Modification History									
Investigation									
Claim 002 OD-MX	New								
▽ Claim Case Off	icer								
Claim Type			OD-MX		Insured Name	TIONG SHIAN GROUP PTE. L	TD	Insured NRIC	20092
Contact No.(Mobile)				97492558				Contact No.(Office)	68513
Email Address					OI Vehicle Number	SDE44A		TP Vehicle Number	SLN32
Claim Description			SDE44A / SLN3274R ON	SDE44A / SLN3274R ON 15 Jan 2021				Name of Preferred Workshop	
Require Yes Rep	Mama Nama	shop, Spolity Regulted							
Date Registered Option unknown		08/02/2021 12:48	08/02/2021 12:48		Date		Date Received	08/02/	
Report Taken By			ROSLI WAHAB		Workshop Repairer			Total Loss but Repaired	

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