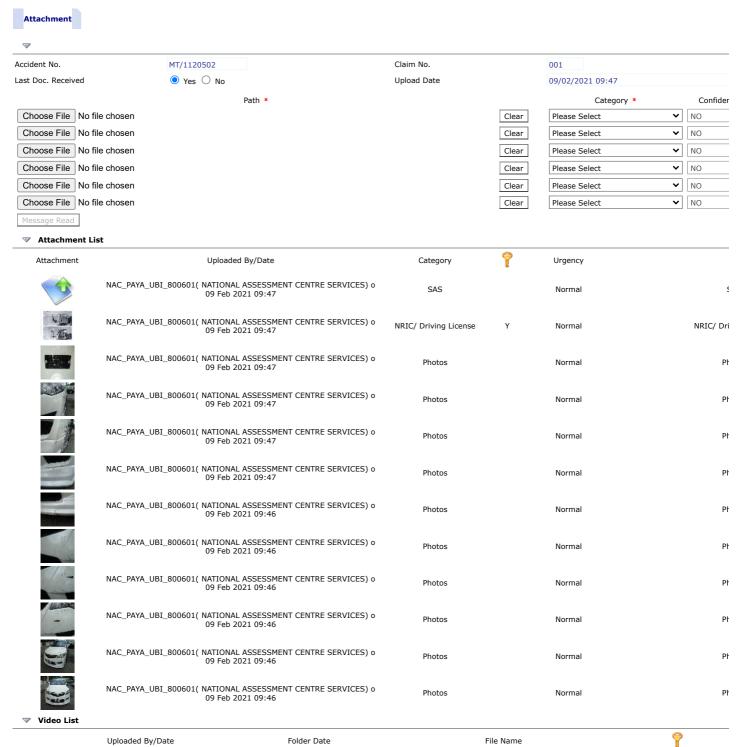
Claim Handling

Accident MT/1120502						
			Website No.			OCT Designation
Policy No.	5108893719-01		Vehicle No.	SMK3454S		GST Registration
Certificate No.						
Policyholder Name	ST RENTAL					Policyholder NI
Product Code	PRIVATE CAR INSURANCE		Cover Type	drivo CLASSIC		Loading
Contact No.(Mobile)	98581051		Contact No.(Office)			Contact No.(Ho
Email Address			Special Remark			eCode
KFK	No Yes		TCA	No Yes		eCode Reason
NCD Protection	Yes		NCD Entitlement(%)	50		Private Hire
Accident Details						
Report Date	09/02/2021 09:42		Accident Report Within 24 hrs	Yes		Accident Type
Date of Accident	07/02/2021		Time of Accident hh:mm	04:00		Country of Acc
Reporting Centre	07,02,2021		Orange Force			ICM No.
Accident Location	743 Dunman Po	I, Singapore 439241				
▼ Total Excess Applicable	743 Dullillali Ko	1, 3111gapore 439241				
Excess Type	Per Accident		Windscreen Excess	100.00		
OD Standard Excess		2 000 00	TP Standard Excess	1,500.00		
	2,000.00					B :
YIED OD Excess	0.00		YIED TP Excess	0.00		Driver is Cover
Additional Excess	0					
Total OD Excess Applicable		2000.00	Total TP Excess Applicable	1,	500.00	
▼ Benefits						
GST Registered Informat	tion					
GST Registered		No		GST Registration	Date	
GST Registration No.				GST Status Verif	ied	Yes
Modification History		09/02/2021 09:45:16 S	system changed GST Status Verified from No	to Yes		
▼ Policyholder Mailing Add	ress					
Address 1	BLK 671A #13-	98	Address 2	JURONG WEST STREET 6	55	Address 3
Address 4			Address Type	Address Type Singapore address		Post Code
Unit No.	13-98		Related Policy Number	5108893719-01		
OI Driver Info						
Driver Name	Unnamed Driver		Driver Type	Unnamed Driver		
Unnamed driver Name	LAW YEE PENG NORMAN		Driver NRIC	S9244771E		Driver DOB
Register Date of Driver License	08/07/2011		Driver Age	28		Driving Experie
Contact No.(Mobile)	98581051		Contact No.(Office)			Contact No.(Ho
Address 1			Address 2	JUDONG WEST STREET		Address 3
	BLK 671A #13-98			JURONG WEST STREET 6)5	
Address 4			Address Type	Singapore address		Post Code
Unit No.	13-98					
Does he own a Singapore Registered car?	Yes No		Driver Vehicle No.			Driver Insurer
Declaration						
Breathalyser or Blood Test	0 mg		Any injury?	Yes No		
Reading?	o mg		rary migary.	163 110		
Modification History						
Claim 001 New						
						Insured CT
Claim Type *				O	D-MX	Name ST
Contact No.(Mobile)				019	880641	Contact No.
contact No.(Nobile)				310	300041	(Home)
Email Address						OI Vehicle SM
Email Address						Number
Claim Description				SM	IK3454S / GBE8998T ON	7 Feb 2021
didiiii bedariptioii				<u> </u>	KS+S+S / GBL05501 ON	7 160 2021
Preferred Workshop		Insured Liability Not at	Fault 🗸			
है9वसंद No. Finalisation	Prefer ✓ Repai	r Preferred Worksho	pp, Name unknown GIA report Received	i •		a
Date Registered	Option		Teport -		/02/2021 09:46	Claim Close
						Date
Report Taken By				LIE	EW SHAN HUI	
Print AK letter						

Save Submit



Display in New Window Scan and uploading