Claim Handling Accident MT/1120639							
Policy No.	5072404271-05		Vehicle No.	SKN2331C	GST Regist	ration No.	
Certificate No.	3072404271-03		vernete ivo.	3KN2331C	COT Regist	racion 140.	
Policyholder Name	KEVIN LOH				Policyholde	r NRIC	
Product Code	PRIVATE CAR INSURANCE		Cover Type	drivo CLASSIC	Loading	. mac	
Contact No.(Mobile)	91099924		Contact No.(Office)	UNIVO CLASSIC		Contact No.(Home)	
Email Address	91099924		Special Remark		eCode	.(Home)	
KFK	No Yes		TCA	No Yes	eCode Rea	con	
NCD Protection	Yes		NCD Entitlement(%)	50		Private Hire	
Accident Details	les		NCD Enddement(70)	50	Trivate fills	c	
	00/02/2021 16:11		Assidant Parant Within 24 has	Yes	A ani da ak T		
Report Date	09/02/2021 16:11		Accident Report Within 24 hrs		Accident Ty		
Date of Accident	08/02/2021		Time of Accident hh:mm	14:45		Country of Accident	
Reporting Centre	ALONG CTE TOWARDS SLE BEFORE MOUL		Orange Force		ICM NO.	ICM No.	
Accident Location	ALONG CTE TOWA	ARDS SLE BEFORE MOU	LMEIN ROAD EXII				
▼ Total Excess Applicable							
Excess Type	Per Accident		Windscreen Excess	10	0.00		
OD Standard Excess			TP Standard Excess		0.00		
YIED OD Excess	0.00		YIED TP Excess			Driver is Covered?	
Additional Excess		0.00	TILD IF EXCESS		0.00 Driver is C	overeu:	
Total OD Excess Applicable		0.00	Total TP Excess Applicable		0.00		
▼ Benefits		0.00	Total II Excess Applicable		0.00		
Coverage				Sum Insured			
Transport Allowance	ance			9999999999			
Excess Waiver				99999999999			
	tion			33333333.33			
GST Registered		No		GST Registration D	ate		
GST Registration No.	INO			GST Status Verified		Yes	
Modification History							
▼ Policyholder Mailing Add	lvaaa						
			Address 2	#00.05	Address 3		
Address 1	81 WEST COAST CRESCENT		Address 2	#02-06	Post Code		
Address 4			Address Type	Singapore address			
Unit No.	12-229		Related Policy Number	5072404271-05			
▼ OI Driver Info	TANI NIENG LILIT AN	AV.	D. T. T.	No cond D. Con			
Driver Name	TAN NENG HUI AMY		Driver Type	Named Driver	Datives DOS		
Unnamed driver Name	17/02/1002		Driver NRIC	S7304647E	Driver DOE		
Register Date of Driver License	17/02/1993		Driver Age	47		Driving Experience Contact No.(Home)	
Contact No.(Mobile)	97898593		Contact No.(Office)	#00 05 THE LITERAL			
Address 1	81 WEST COAST CRESCENT		Address 2	#02-06 THE VISION	Address 3		
Address 4	00.05		Address Type	Singapore address	Post Code		
Unit No. Does he own a Singapore	02-06						
Registered car?	Yes No		Driver Vehicle No.		Driver Insu	Driver Insurer Compa	
Declaration							
Breathalyser or Blood Test Reading?	o mg		Any injury?	Any injury? Yes No			
,							
Modification History							
Modification History							
Claim 001 New							
				OD-M	Name	KEVIN LC	
Claim 001 New				OD-N 9109:	Contact 9924 No.	KEVIN LC	
Claim 001 New Claim Type *					Contact 9924 No. (Home)	KEVIN LC	
Claim 001 New Claim Type *				91099	9924 Contact No. (Home) OI 08@GMAIL.COM Vehicle	KEVIN LC	
Claim 001 New Claim Type * Contact No.(Mobile)				91099	9924 Contact No. (Home)		

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