

**Claim Handling**

**Accident MT/1120694**

Policy No.	5108136906-01	Vehicle No.	SDS5558C	GST Registration No.
Certificate No.				
Policyholder Name	CHNG CHUNG KWANG (ZHUANG CHONGGUANG)			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	90065558	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

**Accident Details**

Report Date	10/02/2021 08:44	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	09/02/2021	Time of Accident hh:mm	07:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	WOODLANDS AVE 4			

**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 Covered?
Additional Excess	0			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

**Benefits**

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	28 WOODLANDS CRESCENT	Address 2	#14-17 NORTHOAKS	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	09-37	Related Policy Number	5120783436	

**OI Driver Info**

Driver Name	CHNG CHUNG KWANG (ZHUANG CHONGGUANG)	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7231050J	Driver DOB
Register Date of Driver License	16/08/1994	Driver Age	48	Driving Experience
Contact No.(Mobile)	90065558	Contact No.(Office)		Contact No.(Home)
Address 1	28 WOODLANDS CRESCENT	Address 2	#14-17 NORTHOAKS	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	14-17			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp:

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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**Modification History**

Modification History	
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**Claim 001** New

Claim Type *	OD-MX	Insured Name	CHNG CH
Contact No.(Mobile)	90065558	Contact No. (Home)	NIL
Email Address	jason.chng1@yahoo.com.sg	OI Vehicle Number	SDS5558
Claim Description	SDS5558C / SLV4501L ON 9 Feb 2021		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	10/02/2021 08:48	GIA report	Received
		Claim Close Date	

