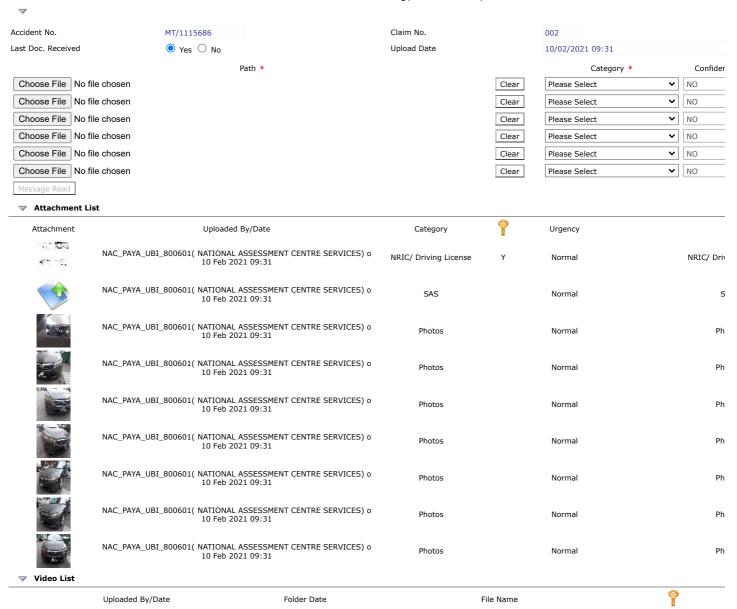
Claim Handling

Accident MI/III3000								
Policy No.	5118354658		Vehicle No.	SGS4357L		•	GST Regis	strati
Certificate No.								
Policyholder Name	S C RENTALS					Р	olicyhold	er N
Product Code	PRIVATE CAR INSURANCE		Cover Type	Third Party		L	.oading	
Contact No.(Mobile)	NA		Contact No.(Office)			C	Contact N	o.(H
Email Address			Special Remark			е	Code	
KFK	No		TCA	No Yes		e	Code Re	ason
NCD Protection	No		NCD Entitlement(%)	0		P	rivate Hi	re
Accident Details								
Report Date	31/12/2020 10	:18	Accident Report Within 24 hrs	Yes		Д	Accident 1	Гуре
Date of Accident	29/12/2020		Time of Accident hh:mm	21:15		C	Country o	f Acc
Reporting Centre	administrator		Orange Force	No		I	CM No.	
Accident Location	U-TURN AT DUN	NEARN ROAD						
▼ Total Excess Applicable								
Excess Type	Per Accident		Windscreen Excess		0.00			
OD Standard Excess	0.00		TP Standard Excess	1,500.00				
YIED OD Excess			YIED TP Excess				Oriver is (Cove
Additional Excess		0						
Total OD Excess Applicable		0.00	Total TP Excess Applicable		1,500.00			
▼ Benefits								
	tion							
GST Registered		No		GST Registr	ation Date			
GST Registration No.				GST Status	Verified			Yes
Modification History		31/12/2020 10:19:36 Sy	ystem changed GST Status Verified from N	Io to Yes				
▼ Policyholder Mailing Add	lress							
Address 1	5 SOON LEE ST	REET	Address 2	#03-17 PIONEER PO	OINT Ado		Address 3	
Address 4			Address Type	Singapore address		Post C		,
Unit No.			Related Policy Number	5120424503				
▼ OI Driver Info								
Driver Name			Driver Type					
Unnamed driver Name			Driver NRIC		Dri		Driver DO	В
Register Date of Driver License			Driver Age		Dri		Oriving Ex	cperi
Contact No.(Mobile)	88665203		Contact No.(Office)		Co		Contact N	o.(H
Address 1			Address 2				Address 3	
Address 4			Address Type	Foreign address		P	ost Code	:
Unit No.								
Does he own a Singapore Registered car?	◯ Yes ⊚ No		Driver Vehicle No.		Driver I		Oriver Ins	urer
Registered cur:								
Modification History								
Claim 002 New								
Claim Tyne *					OD-MY		Insured	
Claim Type *					OD-MX	•	Name Contact	S
Contact No.(Mobile)							No.	NI
							(Home) OI	_
Email Address							Vehicle Number	SG
Claim Description					SGS4357L / SJB33	9U ON 29 De	c 2020	
Preferred		T						
Workshop	Prefe		GIA					
Finalisation Les	∨ Repai Optio		p, Name unknown report Receive	ed 🔻	10/02/2021 00:21		Claim	
Date Registered					10/02/2021 09:31		Close Date	
Report Taken By					LIEW SHAN HUI			
Print AK letter								
FILL AN IELLER								
				Save Submit				
Attachment								



Display in New Window

Scan and uploading