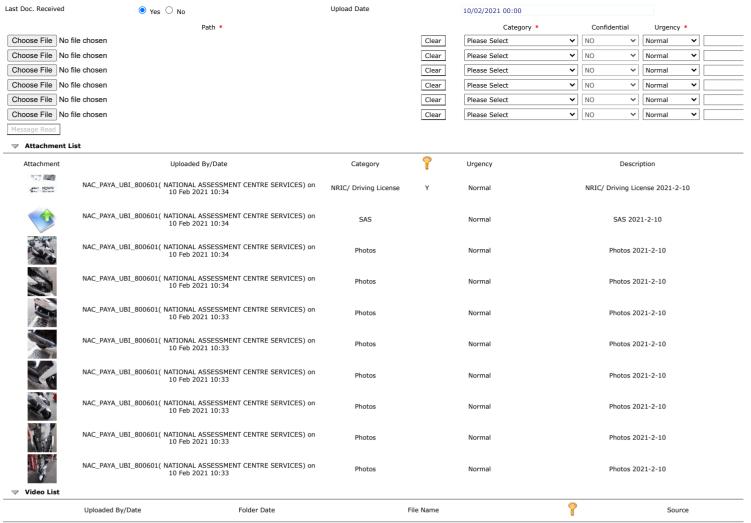
Claim Handling

Accident MT/1120715						
Policy No.	5097343288-02	Vehicle No.	FBK2086H	GST Regis	tration No.	
Certificate No.						
Policyholder Name	LEE JAN LEONG			Policyhold	er NRIC	S6936508F
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading		0
Contact No.(Mobile)	96629050	Contact No.(Office)	0	Contact No	o.(Home)	0
Email Address		Special Remark		eCode		No 🗸
KFK	No	TCA	No Yes	eCode Rea	son	
NCD Protection	No	NCD Entitlement(%)	20	Private Hir		No
▼ Accident Details		,				
Report Date	10/02/2021 10:21	Accident Report Within 24 hrs	Yes	Accident T		Collision - Head to
	10/02/2021 10:31	Time of Accident hh:mm				Singapore
Date of Accident	09/02/2021		07:45	Country of	Accident	Siligapore
Reporting Centre		Orange Force		ICM No.		
Accident Location	SIN MING AVE SLIP RD INTO SIN MING DR	t .				
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess				
00.01 1.5		TD 01 1 15				
OD Standard Excess	0.00	TP Standard Excess	0.00	5		Not Covered
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is C	Driver is Covered?	
Additional Excess						
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00			
▼ Benefits						
	ion					
GST Registered	No		GST Registration Date			
GST Registration No.			GST Status Verified		Yes	
Modification History						
▼ Policyholder Mailing Add	ress					
Address 1	BLK 757 #11-478	Address 2	YISHUN ST 72	Address 3		SINGAPORE 7607
Address 4		Address Type	Singapore address	Post Code		760757
Unit No.		Related Policy Number	5097343288-02			
▼ OI Driver Info						
Driver Name	LEE JAN LEONG	Driver Type	Main Driver			
Unnamed driver Name		Driver NRIC	S6936508F	Driver DO	3	19/10/1969
Register Date of Driver License	01/01/2000	Driver Age	51	Driving Ex	perience	21
Contact No.(Mobile)	96629050	Contact No.(Office)	0	Contact No	o.(Home)	0
Address 1	BLK 757	Address 2	YISHUN ST 72	Address 3	SINGAPORE 760	
Address 4		Address Type	Singapore address	Post Code	760757	
Unit No.	#11-478					
Does he own a Singapore	Yes No	Driver Vehicle No.		Driver Inc	uror Company	
Registered car?	0.163 @1.10	Briver vericle No.		Dilver Ins	Driver Insurer Company	
Declaration						
Breathalyser or Blood Test						
Reading?	0 mg	Any injury?	Yes No			
Modification History						
Claim 001 OD-MX New	h .					
	-					
Claim Type *			OD-MX	✓ Insured Name	LEE JAN LEONG	Insured NRIC
				Contact		Contact
Contact No.(Mobile)				No. (Home)		No. (Office)
E 2411				OI		TP
Email Address				Vehicle Number	FBK2086H	Vehicle Number
Claim Description			EBK3086H / E	BG9768Z ON 9 Feb 2021		Name of Preferred
Claim Description			FBK2080F / FE	5G97682 ON 9 Feb 2021		Workshop
Preferred Workshop	Insured Liability Fully at F	Fault 🗸				
Workshop Rentwee No. Finalisation	▼ Repair Preferred Workshop,		~			
Date Registered	Option	Teport	10/02/2021 10	Claim Close		Date
•			-7-7	Date		Received
Report Taken By			ROSLINDA	Workshop Repairer		Total Loss but
						Repaired
Print AK letter						
			Save Submit			
Attachment						
▼						
Accident No.	MT/1120715	Claim No.	001			



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