Claim Handling

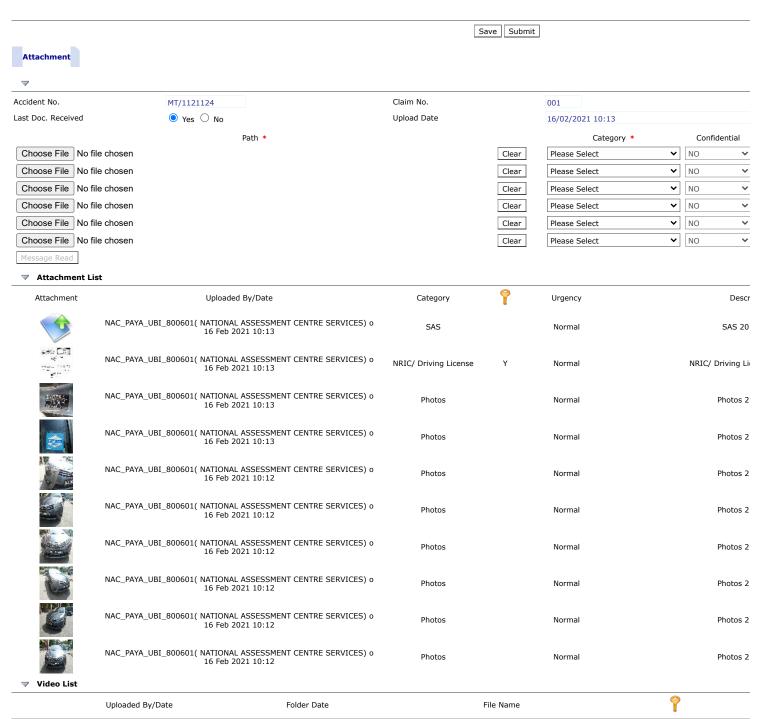
Accident MT/1121124

Policy No. Certificate No.	POH LOO LAM PRIVATE CAR INSURANCE 87493442		Vehicle No.	SLL3063T	GST Registration No.			
Policyholder Name						Policyholder NR	RIC	
Product Code			Cover Type	drivo CLASSIC	Loading			
Contact No.(Mobile)			Contact No.(Office)			Contact No.(Ho	me)	
Email Address			Special Remark			eCode		
KFK	No		TCA	No		eCode Reason		
NCD Protection	No		NCD Entitlement(%)			Private Hire		
Accident Details								
Report Date	16/02/2021 10:10		Accident Report Within 24 hrs	Yes		Accident Type		
Date of Accident	14/02/2021		Time of Accident hh:mm	19:35		Country of Accid	dent	
Reporting Centre			Orange Force			ICM No.		
Accident Location	Tampines Ave 5	, Singapore						
▼ Total Excess Applicable								
Excess Type	Per Accident		Windscreen Excess		100.00			
OD Standard Excess	2,000.00		TP Standard Excess	1,500.00				
YIED OD Excess	0.00		YIED TP Excess		0.00	Driver is Covere	ed?	
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				
GST Registration No.				GST Status V	erified	Yes		
Modification History								
Delieubelder Meiling Add								
▼ Policyholder Mailing Add								
Address 1	BLK 79 #14-26		Address 2	MARINE DRIVE	Address Post Cod			
Address 4			Address Type	Singapore address				
Unit No.	14-26		Related Policy Number	5107075977-02				
▼ OI Driver Info								
Driver Name	POH LOO LAM		Driver Type Driver NRIC	Main Driver		D : . DOD		
Unnamed driver Name	17/00/1003			S1532020F		Driver DOB		
Register Date of Driver License	17/08/1983		Driver Age	58		Driving Experier		
Contact No.(Mobile)	87493442		Contact No.(Office)			Contact No.(Hor	me)	
Address 1	BLK 79 #14-26		Address 2	MARINE DRIVE		Address 3		
Address 4 Unit No.	11.05		Address Type	Singapore address	ore address Po		Post Code	
Does he own a Singapore	14-26						_	
Registered car?	Yes No		Driver Vehicle No.		Driver Insurer Com		Comp	
Deduction								
Breathalyser or Blood Test								
Reading?	0 mg		Any injury?	Yes No				
Modification History								
Claim 001 New								
Claim Tura					OD MV	Insured POL		
Claim Type *					OD-MX	Name POR	H LOO	
Contact No.(Mobile)					98939500	Contact No. NIL		
						(Home) OI		
Email Address						Vehicle SLL	.3063	
						Number		
Claim Description					SLL3063T / SLW1927G ON 1	.4 Feb 2021		
Preferred		Insured Liability						
Workshop Roguite No. Vos	Prefer Repair	ered Fully	y at Fault Shop, Name unknown GIA Received	<u> </u>				
Finalisation Tes Date Registered	Option		shop, Name unknown report Received		16/02/2021 10:12	Claim Close		
Date Registered					16/02/2021 10:12	Date		

Report Taken By

LIEW SHAN HUI

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