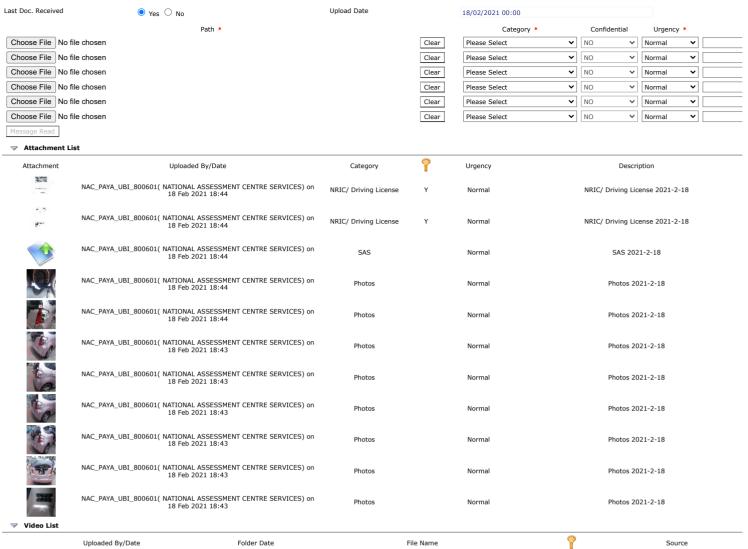
Claim Handling

Accident MT/1121547							
Policy No.	5100754546-02	Vehicle No.	SLR8505X		GST Regis	tration No.	
Certificate No.							
Policyholder Name	LOH KUI KENG				Policyhold	er NRIC	S7170423H
Product Code		Cover Type	Third David, Fire 0 Th	4	Loading		
	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Th	iert	Contact No.(Home)		0
Contact No.(Mobile)	98269944	Contact No.(Office)	0			o.(nome)	0
Email Address		Special Remark			eCode		No 🗸
KFK	No Yes	TCA	No Yes		eCode Rea	ison	
NCD Protection	No	NCD Entitlement(%)	10		Private Hir	re .	No
Accident Details							
Report Date	18/02/2021 18:39	Accident Report Within 24 hrs	Yes		Accident T	ype	Collision - Head to
Date of Accident	17/02/2021	Time of Accident hh:mm	16:55		Country of		Singapore
	17/02/2021		10.55			Accident	Singapore
Reporting Centre		Orange Force			ICM No.		
Accident Location	JALAN BUROH						
▼ Total Excess Applicable							
Excess Type	Per Accident	Windscreen Excess		0.00			
OD Standard Excess	0.00	TP Standard Excess		0.00			
YIED OD Excess	0.00	YIED TP Excess		0.00	Driver is C	lovered?	Covered
Additional Excess							
Total OD Excess Applicable	0.00	Total TP Excess Applicable		0.00			
■ Benefits	0.00			0.00			
	M						
▽ GST Registered Informat							
GST Registered	No		GST Registra				
GST Registration No.			GST Status V	/erified		Yes	
Modification History							
▼ Policyholder Mailing Add	ress						
Address 1	70 HOUGANG AVENUE 7	Address 2	#01-04 THE FLORIDA	IDA Addre			SINGAPORE 5388
Address 4		Address Type	Singapore address		Post Code		538804
Unit No.	01-04	Related Policy Number	5120147369				
▼ OI Driver Info		•					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver				
		Driver Type			D: DO	-	
Unnamed driver Name	OEI YUAN FANG,FANN	Driver NRIC	S9621123F		Driver DO		10/06/1996
Register Date of Driver License	20/11/2015	Driver Age	24		Driving Ex		5
Contact No.(Mobile)	92950519	Contact No.(Office)	0		Contact No	o.(Home)	0
Address 1	70 HOUGANG AVENUE 7	Address 2	THE FLORIDA		Address 3		SINGAPORE 5388
Address 4		Address Type	Singapore address		Post Code		538804
Unit No.	#01-04						
Does he own a Singapore	Yes No	Driver Vehicle No.			Driver Ins	urer Company	
Registered car?	0.65 0.16	Silver venicle nor			Driver Insurer Company		
B. I							
Declaration							
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No				
-							
Modification History							
Claim 001 OD-MX New							
Claim Type *			Г	OD MV	Insured	LOTH KILL KETTE	Insured
Claim Type *			L	OD-MX ➤		LOH KUI KENG	NRIC
Contact No.(Mobile)			Ī.	98269944	Contact No.	NIL	Contact No.
			Ŀ		(Home)		(Office)
Email Address			li di	kkl@successforever.com.sg	OI Vehicle	SLR8505X	TP Vehicle
Liliali Address			L.	kki@successiorever.com.sg	Number	SLROSUSA	Number
Claim Description			Г	CLDGEGEV / VEZTOT ON 17 E-	h 2021		Name of
Claim Description			E	SLR8505X / XE712T ON 17 Fel	0 2021		Preferred Worksho
Preferred	Insured Liability Not at Fa						
Workshop Bentike No. Finalisation	Preferered Preferred Workshop,	Name unknown W GIA Received	~				
	Option Preferred Workshop,	report received			Claim		Date
Date Registered			L	18/02/2021 18:44	Close Date		Received
December Tells 2			г	DOC! THID A	── Workshop		Total Los
Report Taken By			Į.	ROSLINDA	Repairer		but Repaired
							.,.
Print AK letter							
			Save Submit				
B							
Attachment							
Accident No.	MT/1121547	Claim No.	00)1			



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