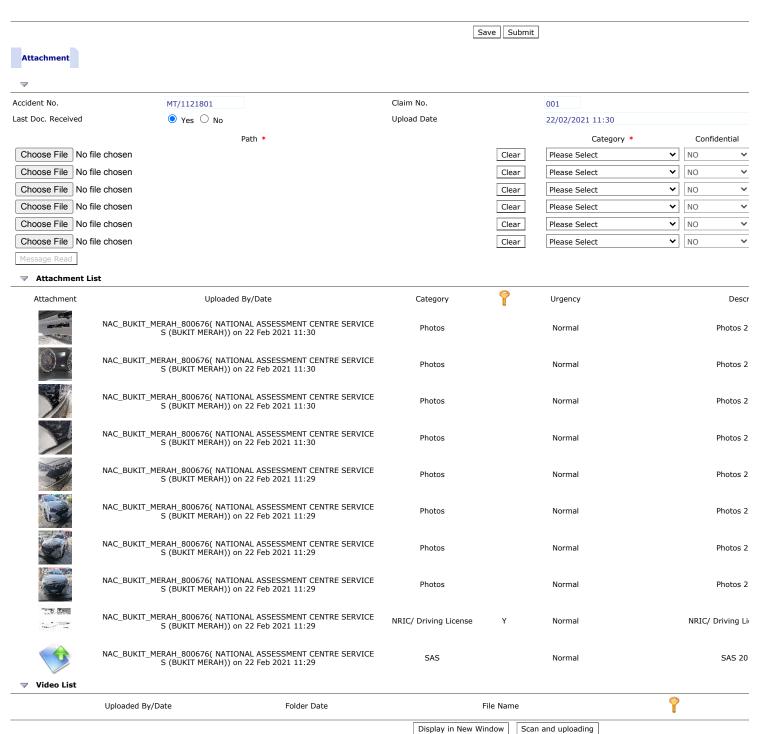
Claim Handling

Accident M1/1121801						
Policy No.	5120183936		Vehicle No.	SMM9498R	GST Registra	ation No.
Certificate No.						
Policyholder Name	TONG SIEW CHU	JI			Policyholder	NRIC
Product Code	PRIVATE CAR INSURANCE		Cover Type	drivo PREMIUM	Loading	
Contact No.(Mobile)	97895180		Contact No.(Office)		Contact No.(Home)
Email Address			Special Remark		eCode	
KFK	No		TCA	No	eCode Reaso	n
NCD Protection	No		NCD Entitlement(%)	10	Private Hire	
Accident Details						
Report Date	22/02/2021 11:21		Accident Report Within 24 hrs	Yes	Accident Typ	e
Date of Accident	21/02/2021		Time of Accident hh:mm	15:02	Country of A	ccident
Reporting Centre			Orange Force		ICM No.	
Accident Location	BLOCK 261 PUN	GGOL WAY MSCP				
▼ Total Excess Applicable						
Excess Type	Per Accident		Windscreen Excess	10	00.00	
OD Standard Excess	600.00		TP Standard Excess		0.00	
YIED OD Excess	2500.00		YIED TP Excess		0.00 Driver is Cov	rered?
Additional Excess	1500					
Total OD Excess Applicable		4600.00	Total TP Excess Applicable		0.00	
▼ Benefits						
▼ GST Registered Informat	tion					
GST Registered		No		GST Registration I	Date	
GST Registration No.				GST Status Verifie	ed Ye	es.
Modification History						
Policyholder Mailing Add	ress					
Address 1	BLK 184 #05-250		Address 2	STIRLING ROAD	Address 3	
Address 4			Address Type	Singapore address	Post Code	
Unit No.			Related Policy Number	5120183936		
▼ OI Driver Info						
Driver Name	Unnamed Driver		Driver Type	Unnamed Driver		
Unnamed driver Name	BRYAN CHUA WENLIANG		Driver NRIC	S9930977F	Driver DOB	
Register Date of Driver License	23/08/2018		Driver Age	21	Driving Expe	rience
Contact No.(Mobile)	81618449		Contact No.(Office)		Contact No.(Home)
Address 1			Address 2		Address 3	
Address 4			Address Type	Foreign address	Post Code	
Unit No.	05-250					
Does he own a Singapore Registered car?	Yes No		Driver Vehicle No.	SMM9498R	Driver Insure	er Comp
Registered car.						
Declaration						
Breathalyser or Blood Test	0 mg		Any injury?	Yes No		
Reading?	og		,, <u></u>	0.100 0.10		
Modification History						
Claim 001 New						
Claim Type *				OD-	MX Insured	TONG SI
					Name Contact	
Contact No.(Mobile)				9789		5599151
				_	OI _	
Email Address				new	1338@yahoo.com.sg Vehicle S	SMM9498
Claire Bassal III						
Claim Description				SMM	19498R / SDE8787L ON 21 Feb 2021	
Preferred		Insured Liability Not at	Fault 🗸			
Workshop Regulation Finalisation Yes	Prefer ▼ Repai	ered Not at	n Name unknown V GIA Received	d 🗸		
Pinalisation Date Registered	Option		report report		Claim Close Close	
				22/0	Date	

Report Taken By

ROSLI WAHAB

Print AK letter



https://giclaim.income.com.sg/gcs/icm/eclaim/icmmyTaskForward.do?taskInstanceId=277419813&caseId=2772234&taskId=501&objectId=&actionTyp...