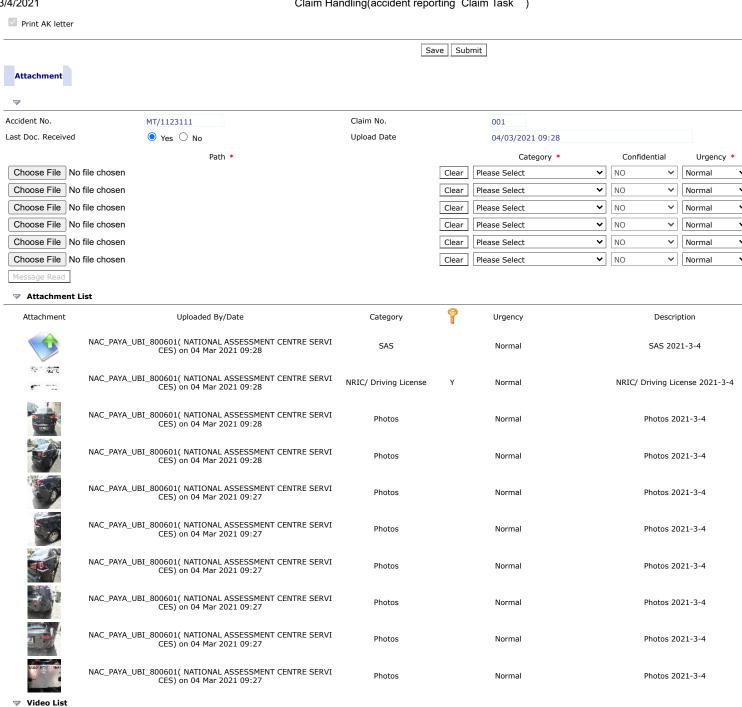
## **Claim Handling**

## Accident MT/1123111

Policy No. Certificate No.	5118324025		Vehicle No.	SJT9990J	GST Registration No.	
Policyholder Name	ONG SAW CHIN (WANG SUZE	IEN)			Policyholder NRIC	S79
Product Code	PRIVATE CAR INSURANCE	,	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	98776929		Contact No.(Office)		Contact No.(Home)	
Email Address			Special Remark		eCode	No
KFK	No  Yes		TCA	No Yes	eCode Reason	
NCD Protection	Yes		NCD Entitlement(%)	50	Private Hire	No
Accident Details						
Report Date	04/03/2021 09:25		Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	02/03/2021		Time of Accident hh:mm	12:15	Country of Accident	Sing
Reporting Centre			Orange Force		ICM No.	
Accident Location	Hoy Fatt Rd, Singapore					
▼ Total Excess Applicable						
Excess Type	Per Accident		Windscreen Excess	100.00		
OD Standard Excess	0.	00	TP Standard Excess	0.00		
YIED OD Excess	0.	00	YIED TP Excess	0.00	Driver is Covered?	Cove
Additional Excess		0				
Total OD Excess Applicable	0.	00	Total TP Excess Applicable	0.00		
<b>▼</b> Benefits						
Coverage				Sum Insured		
Excess Waiver				99999999999		
<b>▽ GST Registered Informa</b>						
GST Registered GST Registration No.	No			GST Registration Date GST Status Verified	Van	
Modification History				G31 Status Verified	Yes	
Policyholder Mailing Ad Address 1	dress BLK 110 #03-1050		Address 2	HOUGANG AVENUE 1	Address 3	SIN
Address 4			Address Type	Singapore address	Post Code	530
Unit No.			Related Policy Number	5118324025		
▼ OI Driver Info						
Driver Name	HENG SEOW SEAH		Driver Type	Named Driver		
Unnamed driver Name			Driver NRIC	S7717212B	Driver DOB	25/0
Register Date of Driver License	06/03/2002		Driver Age	43	Driving Experience	18
Contact No.(Mobile)	98766929		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 110 #03-1050		Address 2	HOUGANG AVENUE 1	Address 3	SIN
Address 4			Address Type	Singapore address	Post Code	530
Unit No.	03-1050					
Does he own a Singapore Registered car?	○ Yes ⊚ No		Driver Vehicle No.		Driver Insurer Company	
Declaration						
Breathalyser or Blood Test	0 mg		Any injury?	Yes No		
Reading?	g		,,,,	0.00 9.00		
Modification History						
Claim 001 New						
Claim Type *	OD-MX	<b>~</b>	Insured Name	ONG SAW CHIN (WANG SUZHE	Insured NRIC	S79
Contact No.(Mobile)	98776929	$\exists$	Contact No.(Home)	62844427	Contact No.(Office)	5/9
Email Address	adele_ong@aia.com.sg	$\exists$	OI Vehicle Number	SJT9990J	TP Vehicle Number	SBS
Claim Description	SJT9990J / SBS8883S ON 2	Mar 2021	52 Verneie Hallibei	33133303	Name of Preferred Workshop	303
Preferred Workshop Contact	53.33303 / SB300033 ON Z	7	Incured Liability *	Not at Fault ✓	S / Cicirca Workshop	
No.		<b></b>	Insured Liability *		CYA :	_
Require Finalisation	Yes	<u>*</u>	Preferered Repair Option	Preferred Workshop, Name unknown	✓ GIA report	Rec
Date Registered	04/03/2021 09:27		Claim Close Date		Date Received	04/0
Report Taken By	SHAN HUI					



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