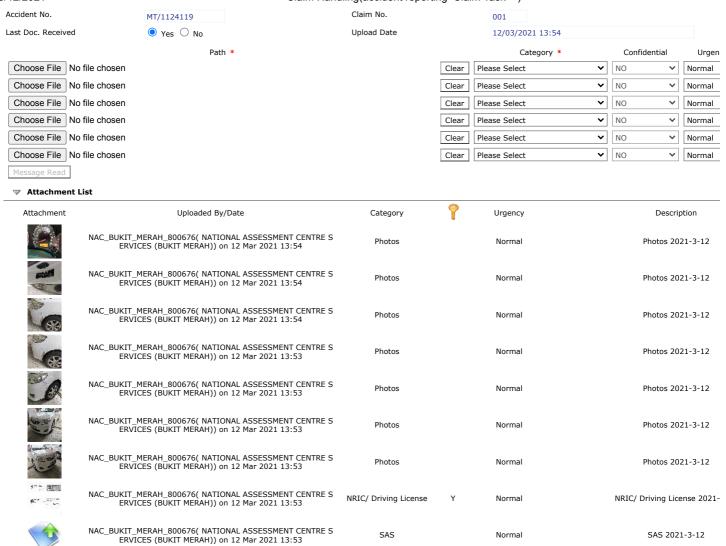
Claim Handling

Accident MT/1124119

Policy No.	5109050165-01		Vehicle No.	SKV3752Y	GST Registration No.
Certificate No.					
Policyholder Name	LOH CHEONG KEE				Policyholder NRIC
Product Code Contact No (Mobile)	PRIVATE CAR INSURANCE		Cover Type	drivo CLASSIC	Loading Contact No (Home)
Contact No.(Mobile) Email Address	98475175		Contact No.(Office) Special Remark		Contact No.(Home) eCode
KFK	No Yes		TCA	No Yes	eCode Reason
NCD Protection	Yes		NCD Entitlement(%)	50	Private Hire
▼ Accident Details	165		nes Endachiene(x)	30	· ····································
Report Date	12/03/2021 13	3:49	Accident Report Within 24 hrs	s Yes	Accident Type
Date of Accident	11/03/2021		Time of Accident hh:mm	18:00	Country of Accident
Reporting Centre	, 55, 2522		Orange Force	10.00	ICM No.
Accident Location	ULU PANDAN F	ROAD SLIP ROAD TOWAR			
▼ Total Excess Applicable					
Excess Type	Per Accident		Windscreen Excess	100.00	
OD Standard Excess	600.00		TP Standard Excess	0.00	
YIED OD Excess	0.00		YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0				
Total OD Excess Applicable	600.00		Total TP Excess Applicable	0.00	
▼ Benefits					
	ition				
GST Registered	No		GST Registration Date		
GST Registration No.				GST Status Verified	Yes
Modification History					
▼ Policyholder Mailing Ad-	dress				
Address 1	BLK 352 #03-1	110	Address 2	CLEMENTI AVENUE 2	Address 3
Address 4	SINGAPORE 120352		Address Type	Singapore address	Post Code
Unit No.	03-119		Related Policy Number	5109050165-01	
▼ OI Driver Info	05 115		, , , , , , , , , , , , , , , , , , ,	5103050105 01	
Driver Name	LOH CHEONG K	(EE	Driver Type	Main Driver	
Unnamed driver Name			Driver NRIC	S0123525G	Driver DOB
Register Date of Driver License	08/07/1975		Driver Age	45	Driving Experience
Contact No.(Mobile)	98475175		Contact No.(Office)		Contact No.(Home)
Address 1	BLK 352 #03-119		Address 2	CLEMENTI AVENUE 2	Address 3
Address 4	SINGAPORE 120352		Address Type	Singapore address	Post Code
Unit No.	03-119				
Does he own a Singapore Registered car?	Yes No		Driver Vehicle No.	SKV3752Y	Driver Insurer Company
Registered edr.					
Declaration					
Breathalyser or Blood Test Reading?	0 mg		Any injury?	Yes No	
Reduing:					
Madi Carlina History					
Modification History					
Claim 001 New					
Claim Type *	OD-MX	~	Insured Name	LOH CHEONG KEE	Insured NRIC
Contact No.(Mobile)	91809091		Contact No.(Home)		Contact No.(Office)
Email Address	OI Vehicle Number SKV3752Y				TP Vehicle Number
Claim Description Preferred Workshop Contact	SKV3752Y / SH7012C ON 11 Mar 2021 Name of Preferred Workshop				
No.			Insured Liability *	Partially at Fault	
Require Finalisation	Yes		Preferered Repair Option	Preferred Workshop, Name unkno	wn 💙 GIA report
Date Registered	12/03/2021 13:53		Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB				
Print AK letter					
				Save Subit	
_				Save Submit	
Attachment					

▼ Video List

Uploaded By/Date



Display in New Window

File Name

Folder Date

Scan and uploading

Sou