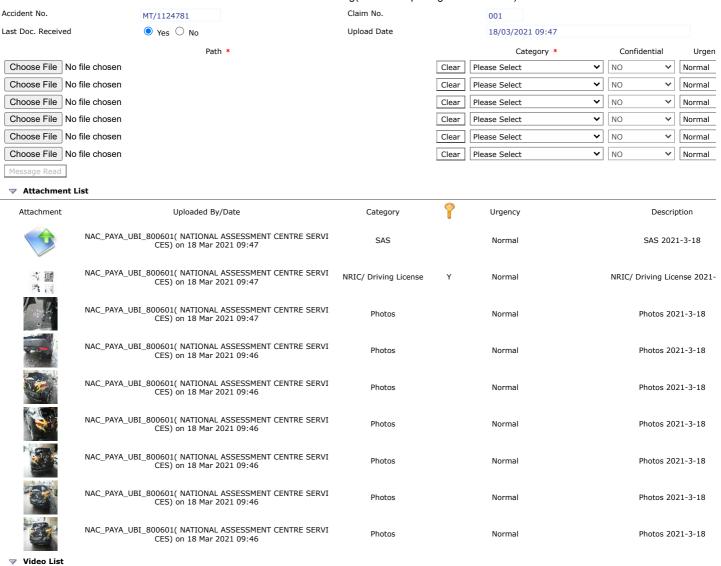
Claim Handling

Accident	MT/1124781

Policy No.	5106687633-0	2	Vehicle No.	SMH612M	GST Registration No.
Certificate No.					
Policyholder Name	ANG TECK LOO	NG			Policyholder NRIC
Product Code	PRIVATE CAR I	NSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	90018852		Contact No.(Office)		Contact No.(Home)
Email Address			Special Remark		eCode
KFK	No		TCA	No	eCode Reason
NCD Protection	No		NCD Entitlement(%)	10	Private Hire
Report Date	18/03/2021 09:44		Accident Report Within 24 hr	s Yes	Accident Type
Date of Accident	16/03/2021		Time of Accident hh:mm	17:58	Country of Accident
Reporting Centre			Orange Force		ICM No.
Accident Location	Jln. Ahmad Ibr	ahim, Singapore			
▼ Total Excess Applicable					
Excess Type	Per Accident		Windscreen Excess	100.00	
00.00			TD 01 1 1 5		
OD Standard Excess	600.00		TP Standard Excess	0.00	
YIED OD Excess		0.00	YIED TP Excess	0.00	0.00 Driver is Covered?
Additional Excess		0	Total TD Faces Applicable	0.00	
Total OD Excess Applicable		600.00	Total TP Excess Applicable	0.00	
▼ Benefits					
▼ GST Registered Informa GST Registered	тіоп	No		GST Registration Date	
GST Registration No.		INO		GST Status Verified	Yes
Modification History					
▼ Policyholder Mailing Ad	dress				
Address 1	BLK 654C #15	-476	Address 2	JURONG WEST STREET 61	Address 3
Address 4			Address Type	Singapore address	Post Code
Unit No.	15-476		Related Policy Number	5106687633-02	
▽ OI Driver Info					
Driver Name	ANG TECK LOO	NG	Driver Type	Main Driver	
Unnamed driver Name			Driver NRIC	S8871871B	Driver DOB
Register Date of Driver License	19/10/2012		Driver Age	32	Driving Experience
Contact No.(Mobile)	90018852		Contact No.(Office)		Contact No.(Home)
Address 1	BLK 654C #15-476		Address 2	JURONG WEST STREET 61	Address 3
Address 4			Address Type	Singapore address	Post Code
Unit No.	15-476				
Does he own a Singapore Registered car?	◯ Yes ⊚ No		Driver Vehicle No.		Driver Insurer Company
·g					
Declaration					
Breathalyser or Blood Test Reading?	0 mg		Any injury?	⊚ Yes ◯ No	
Reduing:					
Modification History					
Modification history					
Claim 001 New					
Chaire Trans to			* ***		T., 1985
Claim Type *	OD-MX	~	Insured Name	ANG TECK LOONG	Insured NRIC
Contact No.(Mobile)	90018852		Contact No.(Home)		Contact No.(Office)
Email Address	JAYSON.ANG24		OI Vehicle Number	SMH612M	TP Vehicle Number
Claim Description Preferred Workshop Contact	SMH612M / YM	19860K ON 16 Mar 2021			Name of Preferred Workshop
No.			Insured Liability *	Not at Fault	
Require Finalisation	Yes ✓		Preferered Repair Option	Preferred Workshop, Name unknown ✓ GIA report	
Date Registered	18/03/2021 09	9:46	Claim Close Date		Date Received
Report Taken By	SHAN HUI				
Print AK letter					
				Cove Cubit	
				Save Submit	
Attachment					
₩					

Claim Handling(accident reporting Claim Task



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File Name

Folder Date

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Uploaded By/Date

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