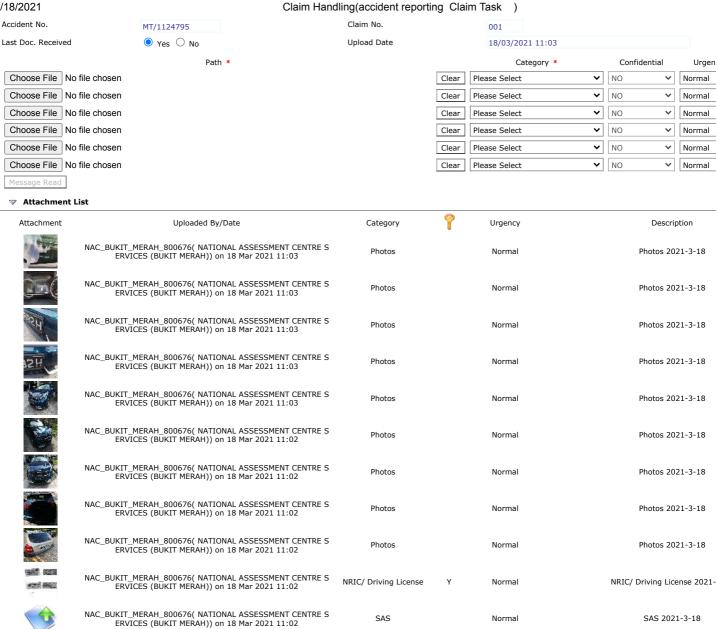
		0.a	orang orann raon ,	
Claim Handling				
Accident MT/1124795				
Policy No.	5100184384-02	Vehicle No.	SLN2582H	GST Registration No.
Certificate No.				
Policyholder Name	TCM ONG MEDICARE P L			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	93842516	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No	eCode Reason
NCD Protection		NCD Entitlement(%)		Private Hire
Accident Details	No	NCD Enddement(70)	30	riivate iiiie
				–
Report Date	18/03/2021 10:58	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/03/2021	Time of Accident hh:mm	17:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNCTION OF COMMONWEALTH AND Q	UEENSWAY		
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	
▼ Benefits			,	
	ation			
GST Registered	No		GST Registration Date	
GST Registration No.	NO		GST Status Verified	Yes
Modification History	18/03/2021 10:59:26 S	ystem changed GST Status Verified from		Tes
Troumcación Triscor y	10,00,2021 10:03:120 0	ystem enanged der status vermeu not		
▼ Policyholder Mailing Ade	duasa			
Address 1	9 PASIR PANJANG CLOSE	Address 2	SUNNY VALE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5100184384-03	
▼ OI Driver Info				
Driver Name	ONG CHEE MING	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7236964E	Driver DOB
Register Date of Driver License	10/09/1992	Driver Age	48	Driving Experience
Contact No.(Mobile)	93842516	Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.		7,650,550		
Does he own a Singapore				
Registered car?	Yes No	Driver Vehicle No.	SLN2582H	Driver Insurer Company
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	
reduing.				
Modification History				
Claim 001 New				
Claim 001 New				
Claim Type *	OD-MX 🗸	Insured Name	TCM ONG MEDICARE P L	Insured NRIC
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	SLN2582H	TP Vehicle Number
		Of vehicle Number	SLINZSOZFI	
Claim Description Preferred Workshop Contact	SLN2582H / SGM906K ON 15 Mar 2021			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	
Require Finalisation	Yes ✔	Preferered Repair Option	Preferred Workshop, Name unknown	∨ GIA report
Date Registered	18/03/2021 11:02	Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB			
Print AK letter				
			Save Submit	
Attachment				

Video List

Uploaded By/Date



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Normal

SAS

Folder Date

SAS 2021-3-18

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