| Claim Handling | | | | | | | |
|--|---|--|-------------------|--|----------------------|--------------------|---------------|
| Accident MT/1099992 | | Vehicle No. | FBQ1536B | | GST Registration N | ١٥. | M2008053. |
| Policy No. | 5114136261 | venicie No. | 1001000 | | | | |
| Certificate No. | 5114136261-000055 BUKIT BATOK DRIVING CENTRE LTD | | | | Policyholder NRIC | | 198801155 |
| Policyholder Name | | Cover Type | Comprehensive | | Loading | | |
| Product Code | FLEET MASTER INSURANCE | Contact No.(Office) | 65943515 | | Contact No.(Home) | | |
| Contact No.(Mobile) | | | 05343313 | | eCode | | No V |
| Email Address | | Special Remark | No Yes | | eCode Reason | | |
| KFK | No Yes | TCA | | | Private Hire | | No |
| NCD Protection | No | NCD Entitlement(%) | | | Private rine | | 110 |
| Accident Details | | The second secon | | | | | Others |
| Report Date | 14/08/2020 17:57 | Accident Report Within 24 hrs | Yes | | Accident Type | | Others |
| Date of Accident | 05/07/2020 | Time of Accident hh:mm | 08:00 | | Country of Accide | nt | Singapore |
| Reporting Centre | | Orange Force | | | ICM No. | | |
| Accident Location | E-BRAKE AREA BBDC | | | | | | |
| Total Excess Applicable | | | | | | | |
| Excess Type | Per Accident | Windscreen Excess | | | | | |
| | | | | | | | |
| OD Standard Excess | | TP Standard Excess | | 0.00 | | | |
| YIED OD Excess | | YIED TP Excess | | 0.00 | Driver is Covered? | | Covered |
| Additional Excess | | | | | | | |
| Total OD Excess Applicable | | Total TP Excess Applicable | | 0.00 | | | |
| Benefits | | | | | | | |
| GST Registered Informat | ion | | | | | | |
| GST Registered | Yes | | GST Regis | stration Date | 01/04/ | 1994 | |
| GST Registration No. | M200805321 | | GST Status Verif | | erified Yes | | |
| Modification History | | | | | | | |
| | | | | | | | |
| Policyholder Mailing Add | ress | | | | | | |
| Address 1 | 815 BUKIT BATOK WEST AVENU | Address 2 | BUKIT BATOK DRI | VING CENTRE | Address 3 | | SINGAPOR |
| Address 4 | | Address Type | Singapore address | | Post Code | | 659085 |
| Unit No. | | Related Policy Number | 5112584367-01 | | | | |
| OI Driver Info | | | | | | | |
| | Unnamed Driver | Driver Type | Unnamed Driver | | | | |
| Driver Name Unnamed driver Name | BHATTACHARJEE ROHIT | Driver NRIC | S7487761C | | | Driver DOB | |
| | | Driver Age | 45 | | | Driving Experience | |
| Register Date of Driver License | 05/07/2020 | Contact No.(Office) | | 0 | | Contact No.(Home) | |
| Contact No.(Mobile) | 96555125 | Address 2 | | DUCHESS GARDEN | | Address 3 | |
| Address 1 | 63 DUCHESS AVENUE | Address Type | | Singapore address | | | 269126 |
| Address 4 | | Address Type | Onigapore auditor | | Post Code | | |
| Unit No. Does he own a Singapore | | Driver Vehicle No. | | | Driver Insurer Co | omnany | |
| Registered car? | Yes No | Driver venicle No. | | | | enderson k | |
| | | | | | | | |
| Declaration | | | | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | Yes No | | | | |
| nedding. | | | | | | | |
| | | | | | | | |
| Modification History | | | | | | | |
| Claim 001 OD-MX New | | | | | | | |
| Ciami out ou in an incia | | | | | | | |
| | | | | | | | In |
| Claim Type * | | | | OD-MX | ✓ Insured BUK | IT BATOK DRIV | ING CENTRE IN |
| | | | | | Contact No. | | Co |
| Contact No.(Mobile) | | | | | (Home) | | No (C |
| MU SEPTIME WAS GOVERNOON. | | | | RACHEL@BBDC.SG | OI Vehicle FBQ | 1536B | TF Ve |
| Email Address | | | | | Number | | Ni Ni |
| Claire Description | | | | FBQ1536B ON 5 Jul 2020 | | | Pr |
| Claim Description | | | | Explored Color to the construction of the color of the color | | | W |
| Preferred | Insured Liability Fully at Fa | wilt 💙 | | | | | |
| Workshop Contiect No. Yes | Preferered ✓ Repair Preferred Workshop (I | | • | • | Claim | | |
| Pinalisation Date Registered | Option | | | 14/08/2020 18:03 | Close | | D R |
| Date registeres | | | | | Date | | To |
| Report Taken By | | | | ROSLINDA | Workshop Repairer | | bi R |
| neport inner 2, | | | | | | | ,, |
| | | | | | | | |
| Print AK letter | | | | | | | |
| | | | | | | | |
| | | | Save Submit | | | | |
| | | | | | | | |
| Attachment | | | | | | | |
| | | | | | | | |
| ⇒ | | Christ No. | | 001 | | | |
| Accident No. | MT/1099992 | Claim No. | | 14/08/2020 00:00 | | | |
| Last Doc. Received | Yes No | Upload Date | | | Market | none . | |
| | Path * | | | Category | Confident | 1 1 2 | ency * |
| Choose File No file choser | 1 | | Clear | Please Select | ▼ NO | V Normal | |
| Choose File No file choser | n | | Clear | Please Select | ▼ NO | V Normal | |
| Change File No file choses | | | Clear | Please Select | ∨ NO | ∨ Normal | ~ |

Claim Handling(accident reporting Claim Task 001 OD-MX)

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| Choose File No | file chosen | | | Clear | | | | 11011110 | |
| Choose File No | file chosen | | | Clear | Please Select | ~ | NO Y | Normal 💙 | |
| | | | | | | | | | |
| Attachment L | i-4 | | | | | | | | |
| Attachment L | List | | | (7) | A North Control of the Control of th | | Daggri | ntion | |
| Attachment | | Uploaded By/Date | Category | 7 | Urgency | Description | | | |
| a; * | NAC_PAYA_UBI_800601(| NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Aug 2020 18:03 | NRIC/ Driving License | Υ | Normal | NRIC/ Driving License 2020-8-14 | | | |
| 1 | NAC_PAYA_UBI_800601(| NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Aug 2020 18:03 | SAS | | Normal | SAS 2020-8-14 | | | |
| M | NAC_PAYA_UBI_800601(| NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Aug 2020 18:03 | Photos | | Normal | Photos 2020-8-14 | | | |
| 3 | NAC_PAYA_UBI_800601(| NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Aug 2020 18:03 | Photos | | Normal | Photos 2020-8-14 | | | |
| 946 | NAC_PAYA_UBI_800601(| NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Aug 2020 18:03 | Photos | | Normal | | Photos 20 | 020-8-14 | |
| 676 | NAC_PAYA_UBI_800601 | NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Aug 2020 18:03 | Photos | | Normal | | Photos 20 | 020-8-14 | |
| T | NAC_PAYA_UBI_800601 | NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Aug 2020 18:03 | Photos | | Normal | Photos 2020-8-14 | | | |
| Video List | | | | | | | | | |
| | Uploaded By/Date | Folder Date | | File Name | | 9 | | Source | |
| | | | | | | | | | |

Display in New Window Scan and uploading