

**Handling**  
**Policy MT/1100702**

Policy No.	5114136261	Vehicle No.	FBQ1656M	GST Registration No.	M20080531
Certificate No.	5114136261-000077			Policyholder NRIC	198801155
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD	Cover Type	Comprehensive	Loading	0
Product Code	FLEET MASTER INSURANCE	Contact No.(Office)	65943515	Contact No.(Home)	0
Contact No.(Mobile)	0	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Entitlement(%)	0	Private Hire	No
NCD Protection	No				

**Accident Details**

Report Date	21/08/2020 11:54	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	04/08/2020	Time of Accident hh:mm	14:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BBDC CIRCUIT EMERGENCY BRAKE AREA				

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	0.00	TP Standard Excess	0.00
YIED OD Excess	0.00	YIED TP Excess	0.00
Additional Excess			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00

**Benefits**

**GST Registered Information**

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200805321	GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	815 BUKIT BATOK WEST AVENUE	Address 2	BUKIT BATOK DRIVING CENTRE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	659085
Unit No.		Related Policy Number	5112584367-01		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	09/03/1991
Unnamed driver Name	FBQ1656M	Driver NRIC	S9809484I	Driving Experience	0
Register Date of Driver License	04/08/2020	Driver Age	22	Contact No.(Home)	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Address 3	SINGAPORE
Address 1	BLK 639	Address 2	JURONG WEST STREET 61	Post Code	640639
Address 4		Address Type	Singapore address		
Unit No.	#10-32			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

**Claim 001 OD-MD** **New**

Claim Type *	OD-MD	Insured Name	BUKIT BATOK DRIVING CENTRE
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI Vehicle Number	FBQ1656M
Claim Description	FBQ1656M ON 4 Aug 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Repair Option	Yes	Preferred Workshop (refer below)	
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	21/08/2020 11:59
		Workshop Repairer	ROSLINDA

☐ Print AK letter

**Attachment**

Accident No.	MT/1100702	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/08/2020 00:00
Path *		Category *	Please Select
<input type="button" value="Choose File"/> No file chosen		Confidential	NO
<input type="button" value="Choose File"/> No file chosen		Urgency *	Normal
<input type="button" value="Choose File"/> No file chosen			