

Claim Handling

Accident MT/1100731

Policy No.	5088033644-03	Vehicle No.	GBE7433M	GST Registration No.	
Certificate No.					
Policyholder Name	BLUEFLAME ENGINEERING PTE LTD	Cover Type	Comprehensive	Policyholder NRIC	199404136C
Product Code	COMMERCIAL VEHICLE INSURAI	Contact No.(Office)	67457838	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

▼ Accident Details

Report Date	21/08/2020 15:57	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	21/08/2020	Time of Accident hh:mm	13:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 5 EUNOS CRESCENT OPEN SPACE CARPARK				

▼ 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		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable			

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	21/08/2020 15:58:38 System changed GST Status Verified from No to Yes				

▼ Policyholder Mailing Address

Address 1	BLK 1045 #01-112	Address 2	EUNOS AVENUE 4	Address 3	SINGAPORE 409795
Address 4		Address Type	Singapore address	Post Code	409795
Unit No.		Related Policy Number	5099866211-02		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SIM TA TJEH (SHEN DAZHI)	Driver NRIC	S7341362A	Driver DOB	10/11/1973
Register Date of Driver License	23/02/1994	Driver Age	46	Driving Experience	26
Contact No.(Mobile)	96259508	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 236	Address 2	PASIR RIS STREET 21	Address 3	SINGAPORE 510236
Address 4		Address Type	Singapore address	Post Code	510236
Unit No.	06-03				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
-------------------------------------	------	-------------	---

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	BLUEFLAME ENGINEERING PTE	Insured NRIC	199404136C
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67457838
Email Address		OI Vehicle Number	GBE7433M	TP Vehicle Number	SGV17553
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBE7433M / SGV17553 ON 21 Aug 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	21/08/2020 15:59	Claim Close Date		Date Received	21/08/2020 16:01
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1100731	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/08/2020 16:01

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

