

Claim Handling

Accident MT/1100826

Policy No.	5112801747	Vehicle No.	SMH5161P	GST Registrati
Certificate No.	5112801747-000033			
Policyholder Name	VOULEZ CARS			Policyholder NI
Product Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	91449265	Contact No.(Office)		Contact No.(Ho
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	22/08/2020 16:02	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	19/08/2020	Time of Accident hh:mm	20:10	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	UPPER SERANGOON RD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	1,500.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	1500.00	Total TP Excess Applicable	1,500.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 102 #09-908	Address 2	SIMEI STREET 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	09-908	Related Policy Number	5112801747	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SAI JIAN TING	Driver NRIC	S8564676A	Driver DOB
Register Date of Driver License	03/06/2019	Driver Age	34	Driving Experie
Contact No.(Mobile)	91263102	Contact No.(Office)		Contact No.(Ho
Address 1	BLK 505 #07-185	Address 2	CHOA CHU KANG STREET 51	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	07-185			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

Declaration

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

Claim 001

New

Claim Type *

OD-MX

Insured Name

VO

Contact No.(Mobile)

91449265

Contact No. (Home)

NII

Email Address

OI Vehicle Number

SM

Claim Description

SMH5161P / SBS6173X ON 19 Aug 2020

Preferred Workshop

Insured Liability

Not at Fault

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

22/08/2020 16:07

Claim Close Date

Report Taken By

SHAN HUI

☒ Print AK letter

https://gicclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do

1/2

Attachment

▼

Accident No.

MT/1100826

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

22/08/2020 16:07

Path *

Category *

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Message Read

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▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Aug 2020 16:07	SAS		Normal	S
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Aug 2020 16:07	Photos		Normal	Ph

▼ Video List

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