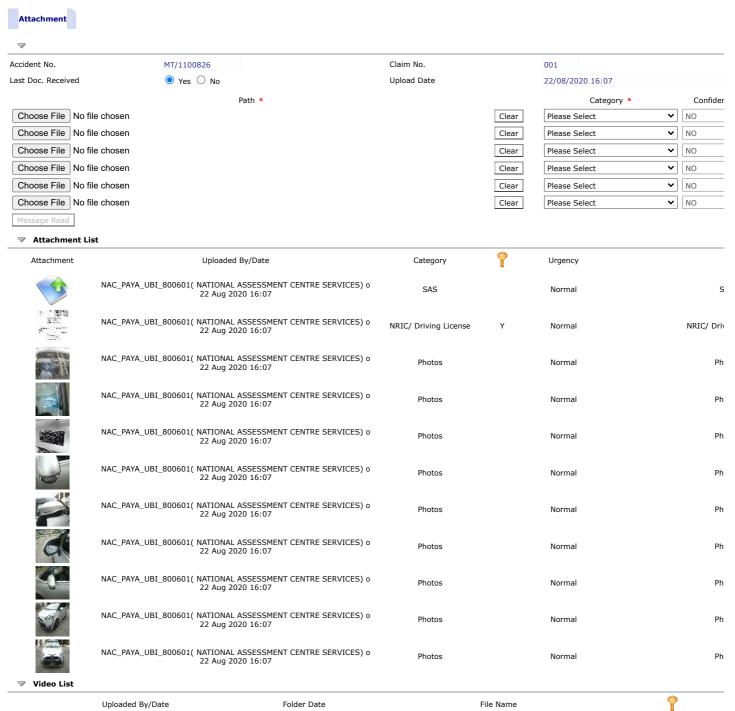
## **Claim Handling**

Accident MT/1100826					
Policy No.	5112801747		Vehicle No.	SMH5161P	GST Registration
Certificate No.	5112801747				
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	No  Yes		TCA	No  Yes	eCode Reason
NCD Protection			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 SERANG	OON 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
<b>▽</b> Benefits					
GST Registered Informat	ion				
GST Registered		No		GST Registration Date	:e
GST Registration No.				GST Status Verified	Yes
Modification History					
B.P. b.H. McT. Add					
Policyholder Mailing Add			Add 2		4442
Address 1	BLK 102 #09-9	08	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	Hanamad Driver		Driver Type	Unnamed Driver	
Unnamed driver Name	Unnamed Driver SAI JIAN TING		Driver Type Driver NRIC	Unnamed Driver	Driver DOB
Register Date of Driver License	03/06/2019		Driver Age	S8564676A	Driving Experie
Contact No.(Mobile)	91263102		Contact No.(Office)	34	Contact No.(Ho
Address 1	BLK 505 #07-185		Address 2	CHOA CHU KANG STREET 51	
Address 4	BER 303 # 07 103		Address Type	Singapore address	Post Code
Unit No.	07-185		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3.7.	
Does he own a Singapore	Yes No		Driver Vehicle No.		Driver Insurer
Registered car?	les into		briver verifice no.		Differ Insurer
Declaration					
Breathalyser or Blood Test				04 04	
Reading?	0 mg		Any injury?	Yes No	
Modification History					
B					
Claim 001 New					
Claim Type *				OD-MX	Insured VO
				00 111	Name Contact
Contact No.(Mobile)				914492	No. NII (Home)
					OI
Email Address					Vehicle SM Number
Claim Description				CMUE	C4D / CDCC472V ON 40 A 2020
Claim Description				SMH51	61P / SBS6173X ON 19 Aug 2020
Preferred Workshop		Insured Liability Not a	t Fault 🔻		
Center No. Finalisation	Prefe  ✓ Repai	rered Preferred Worksh	op, Name unknown  GIA report  Receive	ed 🗸	<u></u> .
Date Registered	Optio		report	22/08/	2020 16:07 Claim Close
Danast Takes Div					Date
Report Taken By				SHAN H	101
M B to Art to					
Print AK letter					

Save Submit



Display in New Window Scan and uploading