

Claim Handling

Accident MT/1101754

Policy No.	5112240379-01	Vehicle No.	GBG7418Y	GST Registrati
Certificate No.	5112240379-01-000001			
Policyholder Name	FIRST VENTURE EXPRESS PTE LTD			Policyholder NI
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	NA	Contact No.(Office)	88680909	Contact No.(H
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	31/08/2020 15:10	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	29/08/2020	Time of Accident hh:mm	15:20	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	SIMS WAY TWDS SIMS AVE SLIP RD			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	1000.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	1600.00	Total TP Excess Applicable	0.00	

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/1
GST Registration No.	201622440D	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 494G #03-550	Address 2	TAMPINES STREET 45	Address 3
Address 4	SINGAPORE 527494	Address Type	Singapore address	Post Code
Unit No.	02-1464	Related Policy Number	5113174089-01	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	POR SEE KIAN	Driver NRIC	S9522163G	Driving Exper
Register Date of Driver License	21/12/2016	Driver Age	25	Contact No.(H
Contact No.(Mobile)	92331675	Contact No.(Office)		Address 3
Address 1	BLK 392 #02-243	Address 2	TAMPINES AVENUE 7	Post Code
Address 4		Address Type	Singapore address	
Unit No.	02-243			
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

Modification History	
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Claim 002 New

Claim Type *	OD-MD	Insured Name	FIF		
Contact No.(Mobile)	88680909	Contact No. (Home)			
Email Address	FUWEI0909@HOTMAIL.COM	OI Vehicle Number	GB		
Claim Description	GBG7418Y / GBD2224M ON 29 Aug 2020				
Preferred Workshop	82996103	Insured Liability	Fully at Fault		
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	01/09/2020 09:10	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save Submit

Attachment

Accident No. Claim No.
 Last Doc. Received Yes No Upload Date

Path *	Category *	Confider
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Message Read"/>		

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Sep 2020 09:11	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Sep 2020 09:11	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Sep 2020 09:11	Photos		Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Sep 2020 09:11	Photos		Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Sep 2020 09:11	Photos		Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Sep 2020 09:10	Photos		Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Sep 2020 09:10	Photos		Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Sep 2020 09:10	Photos		Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Sep 2020 09:10	Photos		Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Sep 2020 09:10	Photos		Normal	Pt

Video List

Uploaded By/Date	Folder Date	File Name	
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	