

Claim Handling

The premium on this policy has not been collected.

Accident MT/1102959

Policy No.	5109855268-01	Vehicle No.		GST Registrati
Certificate No.				
Policyholder Name	PERFORMANCE CARS PTE LTD			Policyholder NI
Product Code	MOTOR TRADE INSURANCE	Cover Type	Third Party	Loading
Motor Trade Plate No.	SLB634T	Motor Trade Driver Name	LIU DAN	Motor Trade Dr
Contact No.(Mobile)	90711131	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(%)	10	Private Hire
▼ Accident Details				
Report Date	10/09/2020 16:37	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	09/09/2020	Time of Accident hh:mm	14:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	UPP PAYA LEBAR RD TURNING TO BARTLEY			
▼ 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	Driver is Cover
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	
▼ Benefits				
▼ GST Registered Information				
GST Registered	Yes	GST Registration Date	07/0	
GST Registration No.	201200917K	GST Status Verified	Yes	
Modification History	10/09/2020 10:55:04 System changed GST Registered from No to Yes 10/09/2020 16:55:04 System changed GST Registration No. from null to 201200917K 10/09/2020 16:55:04 System changed GST Registration Date from null to 07/02/2020 10/09/2020 16:55:04 System changed GST Status Verified from No to Yes			
▼ Policyholder Mailing Address				
Address 1	65 UBI ROAD 1	Address 2	#04-24 OXLEY BIZHUB	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-24	Related Policy Number	5109855268-01	
▼ OI Driver Info				
Driver Name	LIU DAN	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S8680985J	Driver DOB
Register Date of Driver License	27/11/2008	Driver Age	33	Driving Experie
Contact No.(Mobile)	90711131	Contact No.(Office)		Contact No.(Ho
Address 1	568 MACPHERSON ROAD	Address 2	#14-03 SKY GREEN	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	14-03			
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 checked="" type="radio"/> Yes <input type="radio"/> No	
Modification History				
Claim 001 New				

Claim Type *	OD-MX	Insured Name	PEI
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	
Claim Description	/ SJS308U ON 9 Sept 2020		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			
<input checked="" type="checkbox"/> Print AK letter			
		10/09/2020 16:56	Claim Close Date
		LI EW SHAN HUI	

