

Claim Handling

Accident MT/1103801

Policy No.

5113531735

Certificate No.

5113531735-000121

Policyholder Name

ALORIDE PTE. LTD.

Product Code

FLEET MASTER INSURANCE

Contact No.(Mobile)

86969882

Email Address

KFK

☒ No ☐ Yes

NCD Protection

No

Vehicle No.

FBH7895Y

Cover Type

Third Party

Contact No.(Office)

Special Remark

TCA

☒ No ☐ Yes

NCD Entitlement(%)

0

GST Registration No.

Policyholder NRIC

201629994W

Loading

0

Contact No.(Home)

eCode

No

eCode Reason

Private Hire

No

Report Date

18/09/2020 11:55

Accident Report Within 24 hrs

Yes

Accident Type

Collision - Head on collision

Date of Accident

01/09/2020

Time of Accident hh:mm

20:20

Country of Accident

Singapore

Reporting Centre

Orange Force

ICM No.

Accident Location

TRAFFIC JUNCTION OF LOWER DELTA ROAD

Total Excess Applicable

Excess Type

Per Accident

Windscreen Excess

TP Standard Excess

1,500.00

YIED OD Excess

0.00

YIED TP Excess

1,500.00

Driver is Covered?

Covered

Additional Excess

Total OD Excess Applicable

0.00

Total TP Excess Applicable

3,000.00

Benefits

GST Registered Information

GST Registered

No

GST Registration Date

GST Registration No.

GST Status Verified

Yes

Modification History

Policyholder Mailing Address

Address 1

31 ALEXANDRA ROAD

Address 2

#05-05 ALESSANDREA

Address 3

SINGAPORE 159967

Address 4

Address Type

Singapore address

Post Code

159967

Unit No.

04-08

Related Policy Number

5113531735

OI Driver Info

Driver Name

Unnamed Driver

Driver Type

Unnamed Driver

Driver DOB

17/03/1995

Unnamed driver Name

MUHAMMAD DANIAL BIN ZAINC

Driver NRIC

S9509053B

Driving Experience

1

Register Date of Driver License

23/01/2019

Driver Age

25

Contact No.(Mobile)

86969882

Contact No.(Office)

Contact No.(Home)

Address 1

BLK 56 #03-457

Address 2

LENGKOK BAHRU

Address 3

SINGAPORE 150056

Address 4

Address Type

Foreign address

Post Code

150056

Unit No.

03-457

Does he own a Singapore Registered car?

☐ Yes ☒ No

Driver Vehicle No.

FBH7895Y

Driver Insurer Company

NTUC

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

☐ Yes ☒ No

Modification History

Claim 001

New

Claim Type

OD-MX

Insured Name

ALORIDE PTE. LTD.

Insured NRIC

201629994W

Contact No.(Mobile)

Contact No.(Home)

Contact No.(Office)

+

Email Address

OI Vehicle Number

FBH7895Y

TP Vehicle Number

GBJ67G

Claim Description

FBH7895Y / GBJ67G ON 1 Sept 2020

Name of Preferred Workshop

Preferred Workshop

Insured Liability

Not at Fault

Repair Option

Preferred

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

18/09/2020 12:09

Claim Close Date

Date Received

18/09/2020 00:

Report Taken By

ROSLI WAHAB

Print AK letter

Save

Submit

Attachment

Accident No.

MT/1103801

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

18/09/2020 12:11

Path

Category

Please Select

Confidential

No

Urgency

Normal

Description

Choose File

No file chosen

Choose File

No file chosen

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Message Read

Send Mes

Attachment List

Attachment

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o

Uploaded By/Date

n 18 Sep 2020 12:11

Category

Photos

Urgency

Normal

Description

Photos 2020-9-18

Msg Sent? (CO)

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 Video List

Uploaded By/Date	Folder Date	File Name		Source	/
Display in New Window Scan and uploading					