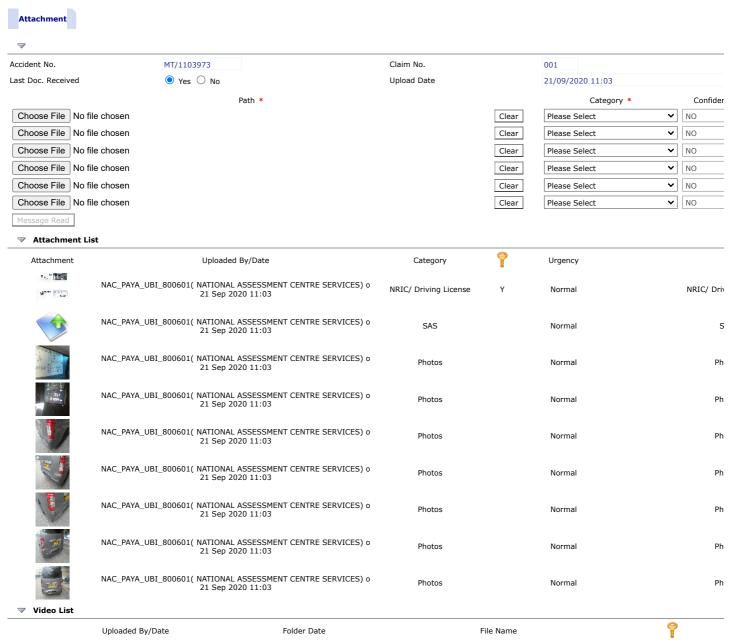
Claim Handling								
Accident MT/1103973								
Policy No.	5116660555		Vehicle No.	GBJ1667T		G:	ST Regis	trati
Certificate No.								
Policyholder Name	AUTO 51 LEASING PTE LTD  COMMERCIAL VEHICLE INSURA  90015395					Po	olicyhold	er NI
Product Code			Cover Type	Comprehensive		Lo	oading	
Contact No.(Mobile)			Contact No.(Office)			Co	ontact N	o.(H
Email Address			Special Remark			eC	Code	
KFK	No Yes No No		TCA	No Yes		eCode Reaso		ason
NCD Protection			NCD Entitlement(%)	10		Pr	Private Hire	
Accident Details								
Report Date	21/09/2020 11:00		Accident Report Within 24 hrs	Yes		Ac	ccident T	уре
Date of Accident	19/09/2020		Time of Accident hh:mm	11:55		Cr	ountry o	f Acc
Reporting Centre			Orange Force			IC	CM No.	
Accident Location	ALONG PIE TW	DS CHANGI B4 LOR 6 TOA	PAYOH EXIT					
▼ Total Excess Applicable								
Excess Type	Per Accident		Windscreen Excess		100.00			
				133.55				
OD Standard Excess		2,000.00	TP Standard Excess		1,500.00			
YIED OD Excess	0.00		YIED TP Excess	0.00		Di	river is C	Cover
Additional Excess								
Total OD Excess Applicable		2000.00	Total TP Excess Applicable		1,500.00			
▼ Benefits								
	tion							
GST Registered		No		GST Registr	ration Date			
GST Registration No.				GST Status	Verified			Yes
Modification History		21/09/2020 11:02:34 S	ystem changed GST Status Verified from No	to Yes				
▼ Policyholder Mailing Add	Iress							
Address 1	15 YISHUN IND	OUSTRIAL STREE	Address 2	#01-05 WIN 5		Ac	ddress 3	
Address 4			Address Type	Singapore address		Pc	st Code	
Unit No.	02-06		Related Policy Number	5116659141				
▼ OI Driver Info								
Driver Name	Unnamed Driver		Driver Type	Unnamed Driver				
Unnamed driver Name	LIM XUAN YEE		Driver NRIC	S9316384B		Dr	river DO	В
Register Date of Driver License	12/06/2013		Driver Age	27			riving Ex	
Contact No.(Mobile)	91553343		Contact No.(Office)	27			ontact N	
Address 1	BLK 487A #06-94		Address 2	TAMPINES AVENUE 9			ddress 3	
Address 4	DER 1077 #00 51		Address Type	Singapore address			st Code	
Unit No.	06-94		Address Type	3.4.				
Does he own a Singapore			D. Com Weltzele No.					
Registered car?	Yes No		Driver Vehicle No.			Dr	river Ins	urer
Declaration								
Breathalyser or Blood Test Reading?	0 mg		Any injury?	Yes No				
Modification History								
- Iodinedalon mistery								
Claim 001 New								
							T	_
Claim Type *					OD-MX		Insured Name	AU
Contact No.(Mobile)							Contact No.	
Contact No.(Ploblie)							(Home)	
Email Address							OI Vehicle	GB
							Number	00
Claim Description					GBJ1667T / GBK5840	OC ON 19 Se	pt 2020	
D. Court					,			
Preferred Workshop	Prefe	Insured Liability Not at						
Regrete No. Yes	✓ Repa Optio	ir Preferred Worksho	pp, Name unknown V GIA report Received	d 🗸			Claim	_
Date Registered	Орабіі				21/09/2020 11:03	(	Close Date	
Report Taken By					LIEW SHAN HUI		Juic	
Print AK letter								
- I IIIIC AN IELLEI								

Save Submit



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