

Claim Handling

Accident MT/1103973

Policy No.	5116660555	Vehicle No.	GBJ1667T	GST Registrati
Certificate No.				
Policyholder Name	AUTO 51 LEASING PTE LTD			Policyholder NI
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	90015395	Contact No.(Office)		Contact No.(H
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	21/09/2020 11:00	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	19/09/2020	Time of Accident hh:mm	11:55	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG PIE TWDS CHANGI B4 LOR 6 TOA PAYOH EXIT			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	21/09/2020 11:02:34 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	15 YISHUN INDUSTRIAL STREE	Address 2	#01-05 WIN 5	Address 3
Address 4		Address Type	Singapore address	Post 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	Driver DOB
Register Date of Driver License	12/06/2013	Driver Age	27	Driving Experie
Contact No.(Mobile)	91553343	Contact No.(Office)		Contact No.(H
Address 1	BLK 487A #06-94	Address 2	TAMPINES AVENUE 9	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	06-94			
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	
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	AU
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	GB
Claim Description	GBJ1667T / GBK5840C ON 19 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		Claim Close Date	21/09/2020 11:03
			LIEW SHAN HUI

☒ Print AK letter

https://gicclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do

1/2

Attachment

▼

Accident No.

MT/1103973

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

21/09/2020 11:03

Path \*

Category \*

Confider

Choose File

No file chosen

Clear

Please Select

NO

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No file chosen

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NO

Choose File

No file chosen

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Message Read

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Sep 2020 11:03	NRIC/ Driving License	Y	Normal	NRIC/ Dri
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Sep 2020 11:03	Photos		Normal	Ph

▼ Video List

Uploaded By/Date	Folder Date	File Name	
<div>Display in New Window Scan and uploading</div>			