

Claim Handling

Accident MT/1104742

Policy No.	5111294417-01	Vehicle No.	SKC9758S	GST Registrat
Certificate No.	5111294417-01-000005			
Policyholder Name	Q LEASING			Policyholder I
Product Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	81330780	Contact No.(Office)		Contact No.(t
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 Reaso
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	28/09/2020 11:32	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	25/09/2020	Time of Accident hh:mm	14:55	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	SLIP RD FROM MACPERSON RD TOWARDS PIE (CHANGI)			

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 Cov
Additional Excess	0.00			
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00	

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Ye
Modification History			

Policyholder Mailing Address

Address 1	317 OUTRAM ROAD	Address 2	#02-39 CONCORDE SHOPPING	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5111300367-01	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	KO KWOK WEN	Driver NRIC	S1371624C	Driver DOB
Register Date of Driver License	13/04/1981	Driver Age	61	Driving Exper
Contact No.(Mobile)		Contact No.(Office)		Contact No.(t
Address 1	BLK 643 #02-49	Address 2	JURONG WEST STREET 61	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	02-49			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SKC9758S	Driver Insure

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 001 OD-MX New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	
Claim Description	SKC9758S / SFL3535U ON 25 Sept 2020		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	28/09/2020 11:45	GIA report	Received
Report Taken By	ROS LI WAHAB	Claim Close Date	
		Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No. MT/1104742 Claim No. 001
Last Doc. Received Yes No Upload Date 28/09/2020 11:46

Form with 'Choose File' buttons, 'Clear' buttons, and 'Category' dropdown menus. Includes a 'Message Read' button.

Attachment List

Table with columns: Attachment, Uploaded By/Date, Category, Urgency, and Confidentiality. Contains 18 rows of photo attachments with details like 'NAC\_PAYA\_UBI\_800601' and 'NRIC/ Driving License'.

28 Sep 2020 11:41



NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
28 Sep 2020 11:41

Photos

Normal

P

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
28 Sep 2020 11:41

Photos

Normal

P

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
28 Sep 2020 11:41

SAS

Normal

**Video List**

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading