

Claim Handling

Accident MT/1105030

Policy No.	5095529566-02	Vehicle No.	GBG8057Z	GST Registrat
Certificate No.				
Policyholder Name	MULTI WAYS EQUIPMENT PTE. LTD.			Policyholder NI
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	96925428	Contact No.(Office)	62875252	Contact No.(H
Email Address		Special Remark		eCode
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	15	Private Hire
▼ Accident Details				
Report Date	30/09/2020 10:03	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	28/09/2020	Time of Accident hh:mm	17:15	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	AT 3E GUL CIRCLE			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	
▼ Benefits				
▼ GST Registered Information				
GST Registered	Yes	GST Registration Date	02/0	
GST Registration No.	200207318D	GST Status Verified	Yes	
Modification History				
▼ Policyholder Mailing Address				
Address 1	3E GUL CIRCLE	Address 2	SINGAPORE 629633	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5118923233	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LIM KIM LEE	Driver NRIC	S1709613C	Driver DOB
Register Date of Driver License	11/01/1989	Driver Age	54	Driving Exper
Contact No.(Mobile)	96925428	Contact No.(Office)	62875252	Contact No.(H
Address 1	BLK 122 #05-1043	Address 2	BEDOK RESERVOIR ROAD	Address 3
Address 4	SINGAPORE 470122	Address Type	Foreign address	Post Code
Unit No.	05-1043			
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.	GBG8057Z	Driver Insurer
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ☒ No	
Modification History				

Claim 001

New

Claim Type *	OD-MX	Insured Name	MU
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	GB
Claim Description	GBG8057Z / - ON 28 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	30/09/2020 10:07
			ROSLI WAHAB
☒ Print AK letter			

Attachment

▼

Accident No.

MT/1105030

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

30/09/2020 10:09

Path *

Category *

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Sep 2020 10:09	Photos		Normal	Ph
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Video List

Uploaded By/Date

Folder Date

File Name



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