

Claim Handling

Accident MT/1105233

Policy No.	5110754147-01	Vehicle No.	GBA5993Y	GST Registrati
Certificate No.	5110754147-01-000002			
Policyholder Name	CARWAY LEASING & RENTAL			Policyholder NI
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	85880777	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(%)	0	Private Hire

▼ Accident Details

Report Date	01/10/2020 16:21	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	30/09/2020	Time of Accident hh:mm	18:30	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	SEBBAWANG RD TWDS CHONG PANG CAMP			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess		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	0.00	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	01/10/2020 16:23:21 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#03-01 PAYA UBI INDUSTRIAL	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-01	Related Policy Number	5110752456-01	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	MOHAMED BIN ISMAIL	Driver NRIC	S8337850F	Driver DOB
Register Date of Driver License	25/06/2010	Driver Age	36	Driving Experie
Contact No.(Mobile)	82647850	Contact No.(Office)		Contact No.(H
Address 1	BLK 328 #04-0604-06	Address 2	SEBBAWANG CRESCENT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-06			
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	CA
Contact No.(Mobile)	98627777	Contact No. (Home)	
Email Address		OI Vehicle Number	GB
Claim Description	GBA5993Y / SMH7082X ON 30 Sept 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Attachment

▼

Accident No.

MT/1105233

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

01/10/2020 16:25

Path *

Category *

Confider

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Message Read

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▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2020 16:25	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2020 16:25	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2020 16:25	SAS		Normal	S
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2020 16:25	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2020 16:24	Photos		Normal	Ph
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2020 16:24	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2020 16:24	Photos		Normal	Ph

▼ Video List

Uploaded By/Date	Folder Date	File Name	
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