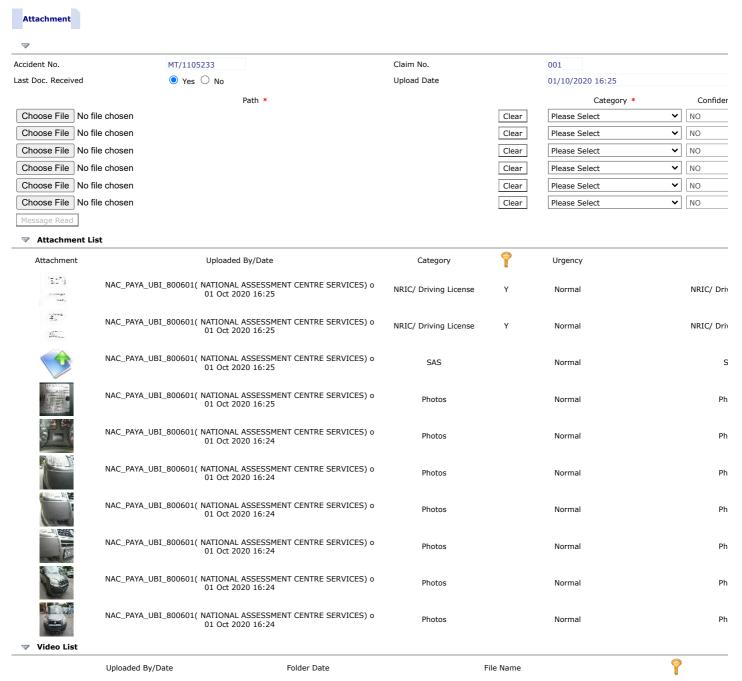
## **Claim Handling**

## Accident MT/1105233

Policy No.	5110754147-01		Vehicle No.	GBA5993Y		GST Registration
Certificate No.	5110754147-01					
Policyholder Name	CARWAY LEASIN					Policyholder NI
Product Code	FLEET MASTER INSURANCE		Cover Type	Third Party		Loading
Contact No.(Mobile)	85880777		Contact No.(Office)			Contact No.(Ho
Email Address			Special Remark	O.W. O.W.		eCode
KFK	No Yes		TCA	No  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	SEMBAWANG RI	D TWDS CHONG PANG CA	MP			
<b>▼ Total Excess Applicable</b>						
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						
<b>▼ GST Registered Informat</b>	tion					
GST Registered	No			GST Registrati		V-
GST Registration No.		01/10/2020 16:22:21 6	ystem changed GST Status Verified from I	GST Status Ve	гіпеа	Yes
Modification History		01/10/2020 10.23.21 3	ystem changed 651 Status Vermed from 1	No to Tes		
▼ Policyholder Mailing Add	lrace					
Address 1			Address 2	#02 04 DAVA LIDI INDUCTDIAL		Address 3
Address 4	53 UBI AVENUE 1			#03-01 PAYA UBI INDUSTRIAL		Post Code
Unit No.	02.04		Address Type Related Policy Number	Singapore address		Post Code
▼ OI Driver Info	03-01		Related Folicy Number	5110752456-01		
Driver Name	Unnamed Driver		Driver Type	Unnamed Driver		
Unnamed driver Name	Unnamed Driver 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)	30		Contact No.(Ho
Address 1	BLK 328 #04-0604-06		Address 2	SEMBAWANG CRESCENT		Address 3
Address 4	BER 320 #04-00	504-00	Address Type	Singapore address	VI	Post Code
Unit No.	04-06		Address Type	Singapore address		1 ost code
Does he own a Singapore	04-06 Yes ( No		Driver Vehicle No			Driver Ingurer
Registered car?	Tes INO		Driver Vehicle No.			Driver Insurer
Deslavation						
Declaration  Breathalyser or Blood Test						
Reading?	0 mg		Any injury?	Yes No		
Modification History						
Claim 001 New						
						Insured Ca
Claim Type *					OD-MX	Name CA
Contact No.(Mobile)				g	98627777	Contact No.
						(Home) OI
Email Address						Vehicle GB
						Number
Claim Description					GBA5993Y / SMH708	2X ON 30 Sept 2020
Preferred		Tananad Linkilita				
Workshop		Insured Liability Fully a	t Fault GIA	ved 🗸		
Finalisation Yes	Prefer		n Nama unimanum tal GIA	/L//		
	Prefer ✓ Repai Option	r Preferred Worksho	p, Name unknown report Receiv		11/10/2020 15 25	Claim
Date Registered	<b>∨</b> Repai	r Preferred Worksho			01/10/2020 16:24	Claim Close Date
	<b>∨</b> Repai	r Preferred Worksho			01/10/2020 16:24 LIEW SHAN HUI	Close
Date Registered	<b>∨</b> Repai	r Preferred Worksho				Close
Date Registered	<b>∨</b> Repai	r Preferred Worksho				Close

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