

Claim Handling

Accident MT/1105501

Policy No.	5109441522-01	Vehicle No.	SLA9017X	GST Registrat
Certificate No.	5109441522-01-000039			
Policyholder Name	PRESTO EXPAT MOTORING SERVICES PTE. LTD.			Policyholder NI
Product Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	96857783	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	05/10/2020 12:22	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/10/2020	Time of Accident hh:mm	11:10	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG HOLLAND AVENUE			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	500.00	TP Standard Excess	500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	500.00	Total TP Excess Applicable	500.00	
▼ Benefits				
▼ GST Registered Information				
GST Registered	Yes	GST Registration Date	12/0	
GST Registration No.	200713089K	GST Status Verified	Yes	
Modification History	05/10/2020 12:32:42 System changed GST Registration Date from 01/01/2015 to 12/05/2008 05/10/2020 12:32:42 System changed GST Status Verified from No to Yes			
▼ Policyholder Mailing Address				
Address 1	491 RIVER VALLEY ROAD	Address 2	#01-04 VALLEY POINT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5109441522-01	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	DEPREZ ANGELIQUE JEANNE M	Driver NRIC	G3953487N	Driver DOB
Register Date of Driver License	20/01/1986	Driver Age	53	Driving Experie
Contact No.(Mobile)	81294260	Contact No.(Office)		Contact No.(H
Address 1	6B #SLA9017XSLA9017X NAML	Address 2	SINGAPORE 267504	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SLA9017X	Driver Insurer
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Modification History				
Claim 001 New				

Claim Type *	OD-MX	Insured Name	PR
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SL
Claim Description	SLA9017X / UNKNOWN CAR ON 2 Oct 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	
<input checked="" type="checkbox"/> Print AK letter			

Attachment

▼

Accident No.

MT/1105501

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

05/10/2020 12:34

Path \*

Category \*

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▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Oct 2020 12:34	Photos		Normal	Ph
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Oct 2020 12:34	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Oct 2020 12:34	SAS		Normal	S

▼ Video List

Uploaded By/Date	Folder Date	File Name	
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