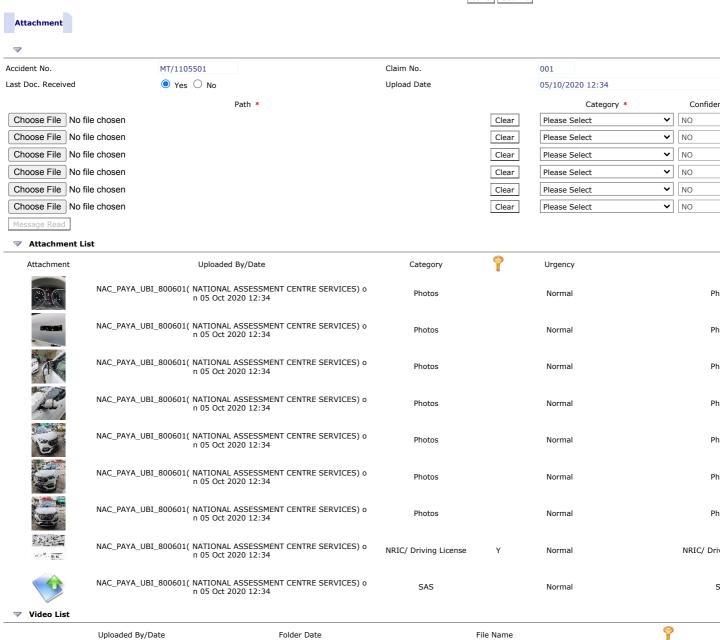
## **Claim Handling**

## Accident MT/1105501

Policy No.	5109441522-01	Vehicle No.	SLA9017X	GST Registrati
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.(Ho
Email Address		Special Remark		eCode
KFK	No	TCA	No  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			
<b>▼ Total Excess Applicable</b>				
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				
	ion			
GST Registered	Yes		GST Registration Date	12/0
GST Registration No.	200713089K		GST Status Verified	Yes
Modification History	05/10/2020 12:32:4: 05/10/2020 12:32:4:	2 System changed GST Registration Date from 2 System changed GST Status Verified from N	01/01/2015 to 12/05/2008 o to Yes	
▼ Policyholder Mailing Add	ress			
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.(Ho
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?	Yes No	Driver Vehicle No.	SLA9017X	Driver Insurer
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	
Modification History				
Claim 001 New				
Claim Type *			OD-MX	Insured PR
Contact No.(Mobile)				Contact No. (Home)
Email Address				OI Vehicle SL
Claim Description			SLA9017X /	Number UNKNOWN CAR ON 2 Oct 2020
Preferred				
Workshop	T CIEF EI CU	y at Fault		
Finalisation Finalisation	Repair Preferred Work Option	shop, Name unknown report Receive		Claim
Date Registered			05/10/2020	12:34 Close Date
Report Taken By			ROSLI WAHA	ıВ
Print AK letter				

Save Submit



Folder Date

Display in New Window Scan and uploading

File Name