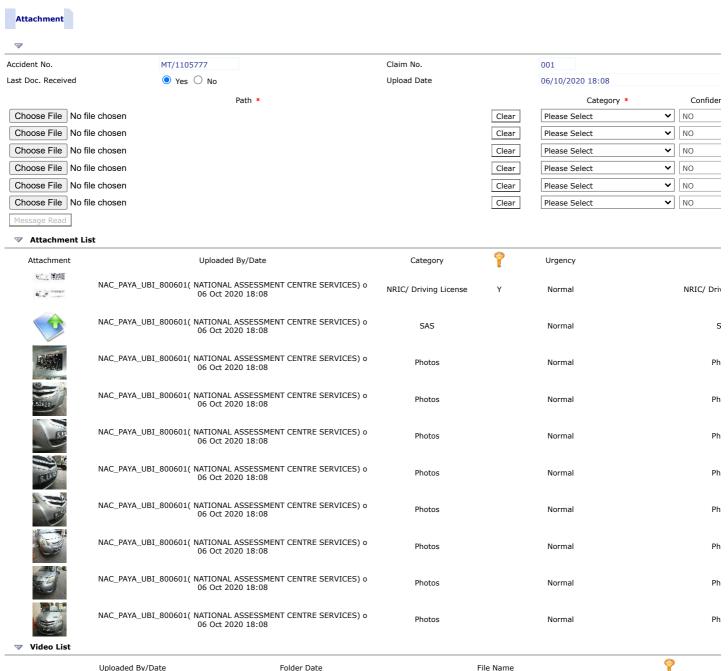
Claim Handling

Accident MT/1105777

Policy No.	E100670771.01		Vehicle No.	CIL F2C2V		GST Registration
Certificate No.	5108672774-01		venicle No.	SJL5262X		GST Registrati
	5108672774-01-000001					Dalia, haldan NI
Policyholder Name	WU ELECTRICAL & SERVICES PTE LTD					Policyholder NI
Product Code	FLEET MASTER INSURANCE		Cover Type	Third Party		Loading
Contact No.(Mobile) Email Address	97538067		Contact No.(Office)			Contact No.(Ho
	♠ No. ○ You		Special Remark	■ No ✓ Yor		eCode Reason
KFK	No		TCA	No Yes		
NCD Protection No		NCD Entitlement(%)	0		Private Hire	
Accident Details						
Report Date	06/10/2020 18:05		Accident Report Within 24 hrs	s Yes		Accident Type
Date of Accident	05/10/2020		Time of Accident hh:mm	18:20		Country of Acc
Reporting Centre			Orange Force			ICM No.
Accident Location	BLK 440 YISHUN	AVE 11 OPEN CAR	APRK			
▼ Total Excess Applicable						
Excess Type	Per Accident		Windscreen Excess		0.00	
OD Standard Excess	0.00		TP Standard Excess		0.00	
YIED OD Excess	0.00		YIED TP Excess		0.00	Driver is Cover
Additional Excess	0					
Total OD Excess Applicable	OD Excess Applicable 0.00		Total TP Excess Applicable		0.00	
▼ Benefits						
GST Registered Informat	ion					
GST Registered	Yes			GST Registrati	GST Registration Date	
GST Registration No.		200909478M		GST Status Ve	rified	Yes
Modification History						
▼ Policyholder Mailing Add	ress					
Address 1	51 UBI AVENUE 1		Address 2	#03-18 PAYA UBI IND	USTRIAL	Address 3
Address 4			Address Type	Singapore address		Post Code
Unit No.			Related Policy Number	5108672774-01		
OI Driver Info						
Driver Name	Unnamed Driver		Driver Type	Unnamed Driver		
Unnamed driver Name	HAN SHI CHOW		Driver NRIC	G8645229X		Driver DOB
Register Date of Driver License	24/07/2018		Driver Age	20		Driving Experie
Contact No.(Mobile)	84222475		Contact No.(Office)			Contact No.(Ho
Address 1	BLK 440 #06-458		Address 2	YISHUN AVENUE 11	YISHUN AVENUE 11	
Address 4			Address Type	Singapore address		Address 3 Post Code
Unit No.	06-458			3.6.		
Does he own a Singapore			Dairen Vahiala Na			Dairen Inner
Registered car?	◯ Yes ⊚ No		Driver Vehicle No.			Driver Insurer
Declaration						
Breathalyser or Blood Test Reading?	0 mg		Any injury?	Yes No		
Modification History						
Modification History						
Claim 001 New						
Claim Type *					OD-MX	✓ Insured WL
						Contact
Contact No.(Mobile)				g	97538067	No. (Home)
						0I
Email Address						Vehicle SJI Number
Claim Description				[-		ON F O 1 2020
Claim Description				2	SJL5262X / SGG8623E	ON 5 Oct 2020
Preferred	I	nsured Liability	artially at Fault			
Workshop Require No. Finalization Yes	Prefere ✓ Repair	ered	artially at Fault rkshop, Name unknown GIA Receive	ived 🗸		
Finalisation Date Registered	Option		report report		06/10/2020 18:08	Claim Close
				_		Date
Report Taken By				S	SHAN HUI	
_						
Print AK letter						

Save Submit



Display in New Window Scan and uploading