

Claim Handling

Accident MT/1105777

Policy No.	5108672774-01	Vehicle No.	SJL5262X	GST Registrati
Certificate No.	5108672774-01-000001			
Policyholder Name	WU ELECTRICAL & SERVICES PTE LTD			Policyholder NI
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	97538067	Contact No.(Office)		Contact No.(Ho
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	06/10/2020 18:05	Accident Report Within 24 hrs	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 CARAPRK			

▼ 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	0.00	Total TP Excess Applicable	0.00	

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/1
GST Registration No.	200909478M	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	51 UBI AVENUE 1	Address 2	#03-18 PAYA UBI INDUSTRIAL	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	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	06-458			
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	WL
Contact No.(Mobile)	97538067	Contact No. (Home)	
Email Address		OI Vehicle Number	SJL
Claim Description	SJL5262X / SGG8623E ON 5 Oct 2020		
Preferred Workshop		Insured Liability	Partially at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	06/10/2020 18:08
			SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Attachment

▼

Accident No.

MT/1105777

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

06/10/2020 18:08

Path *

Category *

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Choose FileNo file chosen

Message Read

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NO

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▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Oct 2020 18:08	NRIC/ Driving License	Y	Normal	NRIC/ Dri
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Oct 2020 18:08	Photos		Normal	Ph

▼ Video List

Uploaded By/Date	Folder Date	File Name	
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