Claim Handling
Accident MT/1106221

Policy No.	5115313404	Vehicle No.	GBK1257M	GST Registrati
Certificate No.				
Policyholder Name	YOROSHIKU ENGINEERING PTE. LTD.			Policyholder NI
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	97387644	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	○ No ○ Yes	TCA	● No ○ Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▽ **Accident Details**

Report Date	12/10/2020 09:31	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	10/10/2020	Time of Accident hh:mm	11:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 455A SENGKANG WEST AVE LOADING BAY			

▽ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00
OD Standard Excess	600.00	TP Standard Excess	0.00
YIED OD Excess	0.00	YIED TP Excess	0.00
Additional Excess			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00

Driver is Cover

▽ **Benefits**

▽ **GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	12/10/2020 09:33:39 System changed GST Status Verified from No to Yes		

▽ **Policyholder Mailing Address**

Address 1	BLK 1013 #01-106	Address 2	GEYLANG EAST AVENUE 3	Address 3
Address 4	SINGAPORE 389728	Address Type	Singapore address	Post Code
Unit No.	01-106	Related Policy Number	5110397115-01	

▽ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	CHONG LYE KIAT	Driver NRIC	S1667375G	Driver DOB
Register Date of Driver License	04/12/1996	Driver Age	56	Driving Experie
Contact No.(Mobile)	97397549	Contact No.(Office)		Contact No.(H
Address 1	BLK 65 #08-168	Address 2	TELOK BLANGAH DRIVE	Address 3
Address 4	SINGAPORE 100065	Address Type	Singapore address	Post Code
Unit No.	08-168			
Does he own a Singapore Registered car?	○ Yes ● No	Driver Vehicle No.		Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ● No	

Modification History

Claim 001   **New**

Claim Type *		OD-MX	Insured Name YO
Contact No.(Mobile)		97387644	Contact No. (Home)
Email Address		yoroshiku888@gmail.com	OI Vehicle Number GB
Claim Description		GBK1257M / SLM874J ON 10 Oct 2020	
Preferred Workshop Contact No.		Insured Liability Not at Fault	
Preferred Finalisation Yes	Preferred Repair Option Preferred Workshop, Name unknown	GIA report Received	
Date Registered		12/10/2020 09:34	Claim Close Date
Report Taken By		LIEW SHAN HUI	

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Attachment

▽

Accident No.	MT/1106221		Claim No.	001
Last Doc. Received	● Yes ○ No		Upload Date	12/10/2020 09:35

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Choose File No file chosen	Clear	Please Select ▼	NO

Message Read

▽ **Attachment List**

Attachment	Uploaded By/Date	Category	🔑	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Oct 2020 09:35	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Oct 2020 09:35	SAS		Normal	SA
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Oct 2020 09:34	Photos		Normal	Pho
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Oct 2020 09:34	Photos		Normal	Pho
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Oct 2020 09:34	Photos		Normal	Pho

▽ **Video List**

Uploaded By/Date	Folder Date	File Name	🔑

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