

Claim Handling

Accident MT/1106315

Policy No.	5110295170-01	Vehicle No.	YP5366G	GST Registrat
Certificate No.	5110295170-01-000008			
Policyholder Name	NYQ SERVICES PTE LTD			Policyholder NI
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	83171021	Contact No.(Office)	62273669	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	12/10/2020 15:31	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	12/10/2020	Time of Accident hh:mm	10:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNCTION OF TANNERY ROAD AND LORONG BAKAR BATU			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	1,500.00	TP Standard Excess		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	1500.00	Total TP Excess Applicable	0.00	
▼ Benefits				
▼ GST Registered Information				
GST Registered	Yes	GST Registration Date	01/0	
GST Registration No.	199102353Z	GST Status Verified	Yes	
Modification History				
▼ Policyholder Mailing Address				
Address 1	39 KEPPEL ROAD	Address 2	#02-01 TANJONG PAGAR DISTI	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-01	Related Policy Number	5110295170-01	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	ONG BOON CHEW	Driver NRIC	S1273468I	Driver DOB
Register Date of Driver License	29/12/1979	Driver Age	63	Driving Exper
Contact No.(Mobile)	83171021	Contact No.(Office)	62273669	Contact No.(H
Address 1	BLK 563 #06-3451	Address 2	ANG MO KIO AVENUE 3	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	06-3451			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	YP5366G	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 \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Contact No. Finalisation

Date Registered

Report Taken By

☒ Print AK letter

OD-MX

Insured Name

NY

Contact No. (Home)

OI Vehicle Number

YP5366G / FBQ4945J ON 12 Oct 2020

Insured Liability

Partially at Fault

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

12/10/2020 15:40

Claim Close Date

ROS LI WAHAB

Attachment

▼

Accident No.

MT/1106315

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

12/10/2020 15:42

Path \*

Category \*

Confider

Choose File

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No file chosen

Message Read

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▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Oct 2020 15:42	Photos		Normal	Phc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Oct 2020 15:42	Photos		Normal	Phc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Oct 2020 15:42	Photos		Normal	Phc
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Oct 2020 15:40	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Oct 2020 15:40	SAS		Normal	S/

▼ Video List

Uploaded By/Date	Folder Date	File Name	
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