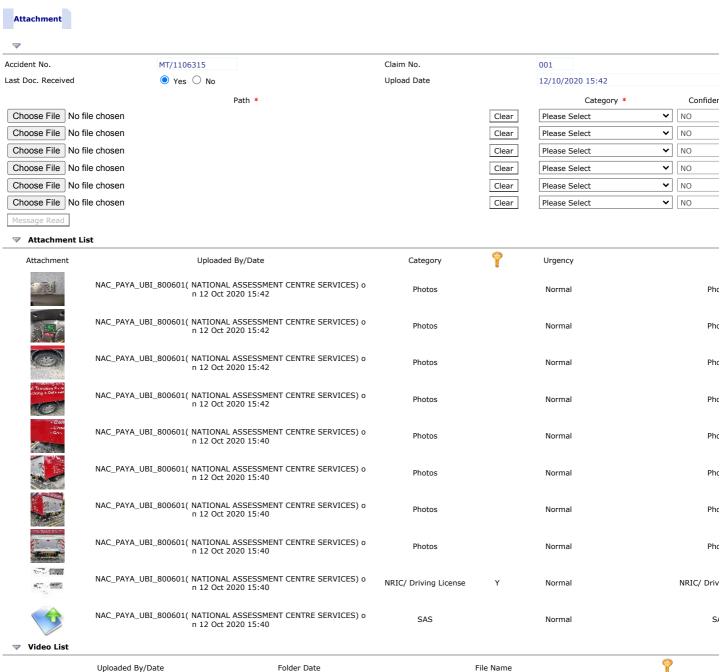
## **Claim Handling**

## Accident MT/1106315

Policy No.	5110295170-01		Vehicle No.	YP5366G		GST Registrati
Certificate No.	5110295170-01 5110295170-01-000008			11 33000		
Policyholder Name	NYQ SERVICES PTE LTD					Policyholder NI
Product Code			Cover Type	Comprehensive		Loading
Contact No.(Mobile)	FLEET MASTER INSURANCE 83171021		Contact No.(Office)	62273669		Contact No.(He
Email Address	65171021		Special Remark	02273009		eCode
KFK	No Yes		TCA	No Yes		eCode Reason
	● No ○ Yes					Private Hire
NCD Protection	No		NCD Entitlement(%)	0		Private nire
<b>▼ Accident Details</b>						
Report Date	12/10/2020 15:31		Accident Report Within 24 hrs			Accident Type
Date of Accident	12/10/2020		Time of Accident hh:mm	10:00		Country of Acc
Reporting Centre			Orange Force	Orange Force		ICM No.
Accident Location	JUNCTION OF TA	ANNERY ROAD AND LORG	NG 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						
otal OD Excess Applicable 1500.00		Total TP Excess Applicable		0.00		
▼ Benefits						
GST Registered Informat	ion					
GST Registered	Yes			GST Registration Date		01/0
GST Registration No.		199102353Z		GST Status Ve	rified	Yes
Modification History						
▼ Policyholder Mailing Add	ress					
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 Experie
Contact No.(Mobile)	83171021		Contact No.(Office)	62273669		Contact No.(Ho
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	Yes No		Driver Vehicle No.	YP5366G		Driver Insurer
Registered car?						
Declaration						
Breathalyser or Blood Test				00		
Reading?	0 mg		Any injury?	Yes No		
Modification History						
Claim 001 New						
Claim Type *					OD-MX	Insured NY Name
Contact No (Mobile)				Г		Contact No.
Contact No.(Mobile)				L		(Home)
Email Address				Г		OI Vehicle YP!
Email Address				L		Number
Claim Description		YP5366G / FI		/P5366G / FBQ4945J O	N 12 Oct 2020	
				Ŀ	133000 / 12Q13133 0	
Preferred Workshop	I Prefer	nsured Liability Partial	y at Fault			
Center No. Finalisation Yes	<b>∨</b> Repair	Preferred Worksho	GIA -	d 🗸		Claim
Date Registered	Option	1		1	12/10/2020 15:40	Close
Papart Taken Py					OCLI WALLAD	Date
Report Taken By				<u>[F</u>	ROSLI WAHAB	
M B to Art to						
Print AK letter						

Save Submit



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