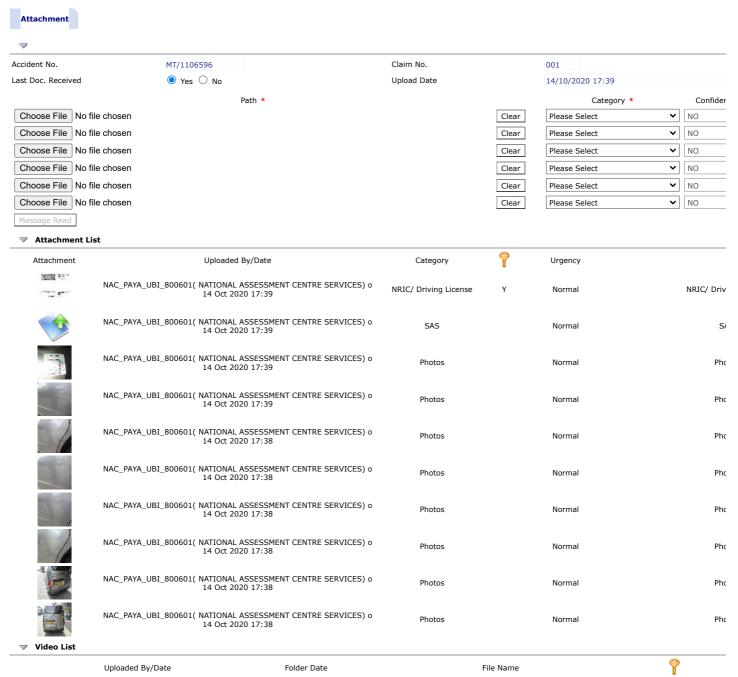
## **Claim Handling**

## Accident MT/1106596

Policy No.	5088385376-03	Vehicle No.	GBD6971M	GST Registration
Certificate No.				
Policyholder Name	KUNSING PTE LTD			Policyholder NI
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Preferred Workshop Plan	Loading
Contact No.(Mobile)	62827335	Contact No.(Office)		Contact No.(Ho
Email Address		Special Remark		eCode
KFK	No  Yes	TCA	No  Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire
Accident Details				
Report Date	14/10/2020 17:36	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/09/2020	Time of Accident hh:mm	13:35	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	BEDOK NORTH ST 2			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100	0.00
OD Standard Excess	600.00	TP Standard Excess	(	0.00
YIED OD Excess	0.00	YIED TP Excess	(	0.00 Driver is Cover
Additional Excess				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	(	0.00
▼ Benefits				
	ion			
GST Registered	Yes		GST Registration Da	ate 01/0
GST Registration No.	M200228782		GST Status Verified	
Modification History	14/10/2020 17:37:49 Sy 14/10/2020 17:37:49 Sy	rstem changed GST Registration Date from rstem changed GST Status Verified from No	01/01/2015 to 01/04/1994 to Yes	
▼ Policyholder Mailing Add	ress			
Address 1	52 UBI AVENUE 3	Address 2	#01-39 FRONTIER	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5088385376-03	
OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LUM JEU FONG	Driver NRIC	SXXXX273J	Driver DOB
Register Date of Driver License	09/12/1960	Driver Age	79	Driving Experie
Contact No.(Mobile)	97908859	Contact No.(Office)		Contact No.(Ho
Address 1	BLK 45 #09-168	Address 2	SIMS DRIVE	Address 3
Address 4	SINGAPORE 380045	Address Type	Singapore address	Post Code
Unit No.	09-168			
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-M	X Insured KU
				Contact
Contact No.(Mobile)				No. (Home)
Email Address				OI Vehicle GB Number
Claim Description			GBD6	971M / SKW9449D ON 15 Sept 2020
Proformed				
Preferred Workshop	Insured Liability Partially Partially	y at Fault		
रेश्नमंत्र No. Finalisation	Repair Option Preferred Workshop	p, Name unknown V GIA report Received	d 🔻	Claim
Date Registered	Орабіі		14/10	/2020 17:38 Close Date
Report Taken By			LIEW	SHAN HUI
Print AK letter				

Save Submit



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