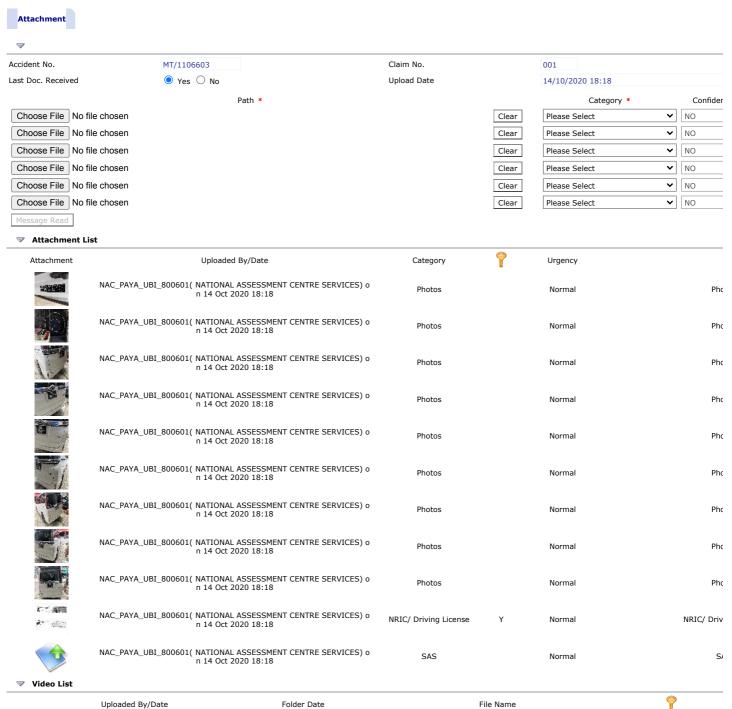
Claim Handling

Accident MT/1106603

Delieu Ne	E10051100101		Vahiala Na	011105107		CCT Desistanti
Policy No.	5108614334-01		Vehicle No.	SMJ9612T		GST Registrati
Certificate No.	5108614334-01-000002					
Policyholder Name	SUPER STAR LIMO & CAR RENTAL					Policyholder NI
Product Code	FLEET MASTER INSURANCE		Cover Type	drivo CLASSIC		Loading
Contact No.(Mobile)	96233308		Contact No.(Office)			Contact No.(Ho
Email Address			Special Remark	⊗ Na ⊘ Vaa		eCode
KFK	No Yes		TCA	No Yes		eCode Reason
NCD Protection	No		NCD Entitlement(%)	0		Private Hire
Accident Details						
Report Date	14/10/2020 18:09		Accident Report Within 24 hrs	Yes		Accident Type
Date of Accident	06/10/2020		Time of Accident hh:mm	22:15		Country of Acc
Reporting Centre			Orange Force			ICM No.
Accident Location	ALONG CLAYMO	RE ROAD				
▼ Total Excess Applicable						
Excess Type	Per Accident		Windscreen Excess		100.00	
OD Standard Excess	2,000.00		TP Standard Excess		1,500.00	
YIED OD Excess	0.00		YIED TP Excess		0.00	Driver is Cover
Additional Excess	0					
Total OD Excess Applicable	Excess Applicable 2000.00		Total TP Excess Applicable		1,500.00	
▼ Benefits						
	ion					
GST Registered		No	GST Registration Date			
GST Registration No.	ı No.			GST Status Ve	erified	Yes
Modification History		14/10/2020 18:11:43 Sy	ystem changed GST Status Verified from N	No to Yes		
▼ Policyholder Mailing Add	ress					
Address 1	BLK 576 #12-500		Address 2	WOODLANDS DRIVE 16		Address 3
Address 4			Address Type	Singapore address		Post Code
Unit No.	12-500		Related Policy Number	5108614334-01		
OI Driver Info						
Driver Name	Unnamed Driver		Driver Type	Unnamed Driver		
Unnamed driver Name	NG KIM SIONG		Driver NRIC	S8534434Z		Driver DOB
Register Date of Driver License	09/02/2010		Driver Age	34		Driving Experie
Contact No.(Mobile)	81122508		Contact No.(Office)			Contact No.(Ho
Address 1	BLK 506 #04-186		Address 2	JURONG WEST STREET 52		Address 3
Address 4	SINGAPORE 640506		Address Type	Foreign address		Post Code
Unit No.	04-186					
Does he own a Singapore Registered car?	○ Yes No		Driver Vehicle No.	SMJ9612T		Driver Insurer
Declaration						
Breathalyser or Blood Test	0 ma		Any injum?	○ Vos. ◎ No		
Reading?	0 mg		Any injury?	Yes No		
Modification History						
Claim 001 New						
Claim Type *					OD-MX	✓ Insured Name SU
				_		Contact
Contact No.(Mobile)				L		No. NII (Home)
Email Address				Г		OI Vehicle SM
				_		Number
Claim Description				<u>[</u>	SMJ9612T / PEDESTR	IAN ON 6 Oct 2020
Preferred Workshop	D. S	nsured Liability Fully at	Fault 🗸			
रिश्नसंस्थ No. Finalisation	Prefer ✓ Repair	Preferred Worksho	GIA -	red 🕶		~ .
Date Registered	Option		герогс		14/10/2020 18:18	Claim Close
						Date
Report Taken By						
				<u>[</u>	ROSLI WAHAB	
Print AK letter				<u>[</u>	ROSLI WAHAB	

Save Submit



Display in New Window Scan and uploading