

Claim Handling

Accident MT/1106603

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.(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	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 CLAYMORE 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	2000.00	Total TP Excess Applicable	1,500.00	

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	14/10/2020 18:11:43 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

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.(H
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?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SMJ9612T	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	SU
Contact No.(Mobile)		Contact No. (Home)	NI
Email Address		OI Vehicle Number	SM
Claim Description	SMJ9612T / PEDESTRIAN ON 6 Oct 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			
<input checked="" type="checkbox"/> Print AK letter			

14/10/2020 18:18

Claim Close Date

ROSLI WAHAB

Attachment

▼

Accident No.

MT/1106603

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

14/10/2020 18:18

Path *

Category *

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Choose FileNo file chosen

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Message Read

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▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Oct 2020 18:18	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Oct 2020 18:18	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Oct 2020 18:18	Photos		Normal	Phc
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Oct 2020 18:18	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Oct 2020 18:18	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Oct 2020 18:18	SAS		Normal	S/

▼ Video List

Uploaded By/Date	Folder Date	File Name	
		Display in New Window	Scan and uploading