## Claim Handling

Accident MT/1106720							
Policy No.	5114140710	Vehicle No.	FBL5818M		GST Regis	tration No.	M20061
Certificate No.	5114140710-000025						
Policyholder Name	SINGAPORE SAFETY DRIVING CENTRE	_TD			Policyhold	er NRIC	198303
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive		Loading		0
Contact No.(Mobile)	0	Contact No.(Office)	64826060		Contact N	o (Home)	0
Email Address	C .	Special Remark	04020000		eCode	0.(1.0.1.10)	No 🗸
	○ No. ○ You		No ○ Vos				140 +
KFK	No  Yes	TCA	No Yes		eCode Rea		
NCD Protection	No	NCD Entitlement(%)	0		Private Hi	re	No
▼ Accident Details							
Report Date	15/10/2020 17:02	Accident Report Within 24 hrs	Yes		Accident T	уре	Others
Date of Accident	02/10/2020	Time of Accident hh:mm	20:45		Country o	f Accident	Singapo
Reporting Centre		Orange Force			ICM No.		
Accident Location	LEVEL 1 EMERGENCY BRAKE -SSDC	,					
<b>▽</b> Total Excess Applicable	ELVEL I ENERGENCI BIONE 3550						
,	2 4 11 1	WE 1					
Excess Type	Per Accident	Windscreen Excess					
OD Standard Excess	0.00	TP Standard Excess		0.00			
	0.00			0.00			_
YIED OD Excess	0.00	YIED TP Excess		0.00	Driver is 0	Covered?	Covered
Additional Excess							
Total OD Excess Applicable	0.00	Total TP Excess Applicable		0.00			
<b>▽</b> GST Registered Informat	tion						
GST Registered	Yes		GST Registra	tion Date		01/04/1994	
GST Registration No.	M200617762		GST Status Verified		Yes		
Modification History							
,							
■ Policyholder Mailing Add	lrace						
<b>▽ Policyholder Mailing Add</b>							
Address 1	2 WOODLANDS INDUSTRIAL PA	Address 2	SINGAPORE SAFETY	DRIVING C	Address 3		SINGAF
Address 4		Address Type	Singapore address		Post Code		757387
Unit No.		Related Policy Number	5042740237-10				
OI Driver Info							
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver				
Unnamed driver Name	MUHAMMAD SALIMAN BIN SULI	Driver NRIC	S9108890H		Driver DO	В	19/03/2
Register Date of Driver License	02/10/2020	Driver Age	29		Driving Ex	perience	0
Contact No.(Mobile)	0	Contact No.(Office)	0		Contact N		0
		Address 2			Address 3		
Address 1	BLK 204		MARSILING DRIVE				SINGAF
Address 4		Address Type	Singapore address		Post Code		730204
Unit No.	#04-188						
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			Driver Ins	urer Compan	у
• • • • • • • • • • • • • • • • • • • •							
Declaration							
Breathalyser or Blood Test	0 mg	Any injury?	Yes No				
Reading?	o mg	Any injury:	les No				
Modification History							
Claim 001 OD-MD New							
Claim Type *				OD-MD	✓ Insured Name	SINGAPOR	E SAFETY DRIVING C
			_		Contact		
Contact No.(Mobile)					No.		
					(Home)		
Email Address					Vehicle	FBL5818M	
					Number		
Claim Description				FBL5818M ON 2 Oct 2020			
Preferred							
Workshop		at Fault					
Rentakt No. Finalisation Yes	Repair Option income to assig	n workshop   GIA report Received	~		Claim		
Date Registered	Ορασίι	-		15/10/2020 17:09	Close		
					Date		
Report Taken By			Ī	ROSLINDA	Workshop Repairer		
					Repairer		
Print AK letter							
			Save Submit				
			Save Submit				
Attachment							
₩							
Accident No.	MT/1106720	Claim No.	00	)1			
Last Doc. Received	Yes ○ No	Upload Date	15	5/10/2020 00:00			
	0 163 0 110						
	Path *			Category *	Cor	ifidential	Urgency *
Choose File No file chosen			Clear	Category *	Cor NO		Urgency * Normal
				Please Select	<b>∨</b> NO	~	Normal 🗸
Choose File No file chosen Choose File No file chosen Choose File No file chosen			Clear			v [	Normal 🗸

