

Claim Handling

Accident MT/1106825

Policy No.	5114136261	Vehicle No.	FBQ1693E	GST Registration No.	M20080531
Certificate No.	5114136261-000086				
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD			Policyholder NRIC	198801155
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	65943515	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	☐ No ☐ Yes	TCA	☐ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	16/10/2020 15:28	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	14/10/2020	Time of Accident hh:mm	08:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BBDC MAIN CIRCUIT				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200805321	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	815 BUKIT BATOK WEST AVENUE	Address 2	BUKIT BATOK DRIVING CENTRE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	659085
Unit No.		Related Policy Number	5112584367-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	GRACE LEE ZI ZI	Driver NRIC	S9227526D	Driver DOB	01/08/1994
Register Date of Driver License	14/10/2020	Driver Age	28	Driving Experience	0
Contact No.(Mobile)	92975536	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	23 PAVILION GROVE	Address 2	SINGAPORE 658615	Address 3	
Address 4		Address Type	Singapore address	Post Code	658615
Unit No.					
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	☒ Yes ☐ No
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	BUKIT BATOK DRIVING CENTRE	In: NF
Contact No.(Mobile)		Contact No. (Home)		Co Nc (O
Email Address	RACHEL@BBDC.SG	OI Vehicle Number	FBQ1693E	TP Ve Nu
Claim Description	FBQ1693E ON 14 Oct 2020			Na Pri Wk
Preferred Workshop		Insured Liability	Fully at Fault	
Repair No. Finalisation	Yes	Repair Option	Preferred Workshop (refer below)	GIA report
Date Registered	16/10/2020 15:34	Claim Close Date		Da Re
Report Taken By	ROSINDA	Workshop Repairer		To bu Re

☒ Print AK letter

Save Submit

Attachment

▼

Accident No.	MT/1106825	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	16/10/2020 00:00

Path *

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Category *

Clear

Please Select

Confidential

Urgency *

Normal

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Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Please Select

NO

Normal

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NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Oct 2020 15:33	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Oct 2020 15:33	SAS		Normal	SAS 2020-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Oct 2020 15:33	Photos		Normal	Photos 2020-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Oct 2020 15:33	Photos		Normal	Photos 2020-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Oct 2020 15:33	Photos		Normal	Photos 2020-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Oct 2020 15:33	Photos		Normal	Photos 2020-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Oct 2020 15:33	Photos		Normal	Photos 2020-10-16

Video List

Uploaded By/Date	Folder Date	File Name		Source
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