

Claim Handling

Accident MT/1106837

Policy No.	5113284679-01	Vehicle No.	SJK7363E	GST Registrati
Certificate No.	5113284679-01-000004			
Policyholder Name	ECARZ LEASING PTE. LTD.			Policyholder NI
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	93885988	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	16/10/2020 15:52	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	16/10/2020	Time of Accident hh:mm	13:20	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	LOWER DELTA TURNING TO JLN BT MERAH			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	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	0.00	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	16/10/2020 15:54:12 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	18 #01-10 UBI ROAD 4	Address 2	SINGAPORE 408616	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-10	Related Policy Number	5113284679-01	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LIANG JIEH SHIN (LONG JIEXIN	Driver NRIC	S7919821H	Driver DOB
Register Date of Driver License	12/07/2005	Driver Age	41	Driving Exper
Contact No.(Mobile)	92722353	Contact No.(Office)		Contact No.(H
Address 1	BLK 236 #11-33	Address 2	CHOA CHU KANG CENTRAL	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	11-33			
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
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	EC
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SJH
Claim Description	SJK7363E / SKF8421D ON 16 Oct 2020		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	16/10/2020 15:55
			LIEW SHAN HUI
☒ Print AK letter			

Attachment

▼

Accident No.

MT/1106837

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

16/10/2020 15:55

Path *

Category *

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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) o 16 Oct 2020 15:55	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Oct 2020 15:55	SAS		Normal	S/
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Oct 2020 15:55	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Oct 2020 15:55	Photos		Normal	Phc
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Oct 2020 15:55	Photos		Normal	Phc

Video List

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