

Claim Handling

Accident MT/1107064

Policy No.	5090975844-03	Vehicle No.	GBF367L	GST Registrati
Certificate No.				
Policyholder Name	TOP CHANNEL SECURITY SYSTEM			Policyholder NI
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Preferred Workshop Plan	Loading
Contact No.(Mobile)	96616702	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	19/10/2020 16:17	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	17/10/2020	Time of Accident hh:mm	16:10	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	TAMPINES AVE 10 & AVE 5 JUNC			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	19/10/2020 16:19:20 System changed GST Registered from Yes to No 19/10/2020 16:19:20 System changed GST Registration No. from M201038839 to null 19/10/2020 16:19:20 System changed GST Registration Date from 01/01/2015 to null		

▼ Policyholder Mailing Address

Address 1	BLK 660 #10-126	Address 2	JALAN TENAGA	Address 3
Address 4	SINGAPORE 410660	Address Type	Singapore address	Post Code
Unit No.	10-126	Related Policy Number	5119467109	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	KHOO BOON HUAT	Driver NRIC	S1275725E	Driver DOB
Register Date of Driver License	08/07/1993	Driver Age	63	Driving Experie
Contact No.(Mobile)	96616702	Contact No.(Office)		Contact No.(H
Address 1	BLK 736 #04-30	Address 2	TAMPINES STREET 72	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-30			
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 001New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop Contact No. Finalisation

Date Registered

Report Taken By

☒ Print AK letter

OD-MX

Insured Name

TO

Contact No. (Home)

GB

GBF367L / SLL1736Z ON 17 Oct 2020

Insured Liability

Not at Fault

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

19/10/2020 16:20

Claim Close Date

LIEW SHAN HUI

Attachment

▼

Accident No.

MT/1107064

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

19/10/2020 16:21

Path *

Category *

Confider

Choose File

No file chosen

Clear

Please Select

NO

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No file chosen

Clear

Please Select

NO

Choose File

No file chosen

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No file chosen

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No file chosen

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NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Oct 2020 16:21	SAS		Normal	S/
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Oct 2020 16:21	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Oct 2020 16:21	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Oct 2020 16:21	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Oct 2020 16:21	Photos		Normal	Phc
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Oct 2020 16:20	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Oct 2020 16:20	Photos		Normal	Phc

Video List

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