Claim Handling

Accident M1/110/1/2					
Policy No.	5113528381	Vehicle No.	YM7253B	GST Registration No.	199705228M
Certificate No.					
Policyholder Name	KHAISENG TRADING & FISH FARM P/L			Policyholder NRIC	199705228M
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	92393819	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No 🗸
KFK	No	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Report Date	20/10/2020 11:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	17/10/2020	Time of Accident hh:mm	16:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MANDAI RD JUNC OF MANDAI LAKE RD				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
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	tion				
GST Registered	Yes		GST Registration Date	01/11/1999	
GST Registration No.	199705228M		GST Status Verified	Yes	
Modification History		stem changed GST Registration Date from stem changed GST Status Verified from No			
▼ Policyholder Mailing Add	Iress				
Address 1	181 NEO TIEW ROAD	Address 2	SINGAPORE 719023	Address 3	
Address 4		Address Type	Singapore address	Post Code	719023
Unit No.		Related Policy Number	5113528381-01		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	PARAMASIVAM KANNAN	Driver NRIC	G7121939P	Driver DOB	06/04/1976
Register Date of Driver License	20/03/2015	Driver Age	44	Driving Experience	5
Contact No.(Mobile)	98646592	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	181 NEO TIEW ROAD	Address 2	SINGAPORE 719023	Address 3	
Address 4		Address Type	Singapore address	Post Code	719023
Unit No.					
Does he own a Singapore	Yes No	Driver Vehicle No.		Driver Insurer Company	
Registered car?					
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	⊚ Yes ○ No		
Modification History					
Claim 001 OD-MX New					
				Inquired	Inquend
Claim Type *			OD-MX		DING & FISH FA NRIC
Contact No.(Mobile)				Contact No.	Contact No.
contact Hol(Hobile)				(Home)	(Office)
Email Address				OI Vehicle YM7253B	TP Vehicle Number
Claim Description			VM7252B / CVV	Number (9375M ON 17 Oct 2020	Name of Preferred
Preferred			TM7253B / SKV	9375M ON 17 Oct 2020	Workshop
Workshop Rentike No. Finalisation	Insured Liability Not at Fa	ault V			
Finalisation Yes	Repair Preferred Workshop, Option	, Name unknown V GIA report Received	<u> </u>	Claim	D-1-
Date Registered	Орион		20/10/2020 11		Date Received
				Workshop	Total Los
Report Taken By			ROSLINDA	Repairer	but Repaired
Print AK letter					
			Save Submit		
Attachment					
₩					
	MT/1107773	Clark M	00:		
Accident No.	MT/1107172	Claim No.	001		

