

Claim Handling

Accident MT/1107315

|                     |   |                     |   |                      |           |
|---------------------|---|---------------------|---|----------------------|-----------|
| Policy No.          | 5076553999-04   | Vehicle No.         | CB8326L   | GST Registration No. |           |
| Certificate No.     |   |                     |   |                      |           |
| Policyholder Name   | RZ TRANSPORT  |                     |   | Policyholder NRIC    | 53325213W |
| Product Code        | BUS INSURANCE   | Cover Type          | Third Party, Fire & Theft                                     | Loading              | 0         |
| Contact No.(Mobile) | 91907907  | Contact No.(Office) | 0   | Contact No.(Home)    | 0         |
| Email Address       |   | Special Remark      |   | eCode                | No        |
| KFK                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason         |           |
| NCD Protection      | No  | NCD Entitlement(%)  | 0   | Private Hire         | No        |

▼ Accident Details

|                   |                            |                               |       |                     |                     |
|-------------------|----------------------------|-------------------------------|-------|---------------------|---------------------|
| Report Date       | 21/10/2020 14:49           | Accident Report Within 24 hrs | Yes   | Accident Type       | Collision - Head to |
| Date of Accident  | 20/10/2020                 | Time of Accident hh:mm        | 12:45 | Country of Accident | Singapore           |
| Reporting Centre  |                            | Orange Force                  |       | ICM No.             |                     |
| Accident Location | AIRPORT RD TWDS EUNOS LINK |                               |       |                     |                     |

▼ Total Excess Applicable

|                            |              |                            |          |                    |         |
|----------------------------|--------------|----------------------------|----------|--------------------|---------|
| Excess Type                | Per Accident | Windscreen Excess          | 0.00     |                    |         |
| OD Standard Excess         | 0.00         | TP Standard Excess         | 3,000.00 |                    |         |
| 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 | 3,000.00 |                    |         |

▼ Benefits

▼ GST Registered Information

|                      |   |                       |     |
|----------------------|---|-----------------------|-----|
| GST Registered       | No  | GST Registration Date |     |
| GST Registration No. |   | GST Status Verified   | Yes |
| Modification History | 21/10/2020 14:53:27 System changed GST Status Verified from No to Yes |                       |     |

▼ Policyholder Mailing Address

|           |                |                       |                   |           |                 |
|-----------|----------------|-----------------------|-------------------|-----------|-----------------|
| Address 1 | BLK 8 #14-4088 | Address 2             | NORTH BRIDGE ROAD | Address 3 | SINGAPORE 19001 |
| Address 4 |                | Address Type          | Singapore address | Post Code | 190008          |
| Unit No.  | 14-4088        | Related Policy Number | 5113696508-01     |           |                 |

▼ OI Driver Info

|   |   |                     |                    |                        |                |
|---|---|---------------------|--------------------|------------------------|----------------|
| Driver Name                             | Unnamed Driver  | Driver Type         | Unnamed Driver     |                        |                |
| Unnamed driver Name                     | SUDIRMAN BIN AMAN   | Driver NRIC         | S1449375A          | Driver DOB             | 25/02/1960     |
| Register Date of Driver License         | 08/10/2001  | Driver Age          | 60                 | Driving Experience     | 19             |
| Contact No.(Mobile)                     | 81806544  | Contact No.(Office) | 0                  | Contact No.(Home)      | 0              |
| Address 1                               | BLK 420   | Address 2           | TAMPINES STREET 41 | Address 3              | SUN PLAZA GARD |
| Address 4                               | SINGAPORE 520420  | Address Type        | Singapore address  | Post Code              | 520420         |
| Unit No.                                | #08-116   |                     |                    |                        |                |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.  |                    | Driver Insurer Company |                |

Declaration

|                                     |      |             |   |
|-------------------------------------|------|-------------|---|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001 OD-MX

New

|                          |                                   |                         |                                  |                      |                            |                         |  |
|--------------------------|-----------------------------------|-------------------------|----------------------------------|----------------------|----------------------------|-------------------------|--|
| Claim Type *             | OD-MX                             | Insured Name            | RZ TRANSPORT                     | Insured NRIC         |                            |                         |  |
| Contact No.(Mobile)      | 91907907                          | Contact No. (Home)      | NIL                              | Contact No. (Office) |                            |                         |  |
| Email Address            |                                   | OI Vehicle Number       | CB8326L                          | TP Vehicle Number    |                            |                         |  |
| Claim Description        | CB8326L / SJM8766J ON 20 Oct 2020 |                         |                                  |                      | Name of Preferred Workshop |                         |  |
| Preferred Workshop       |                                   | Insured Liability       | Fully at Fault                   |                      |                            |                         |  |
| Contact No. Finalisation | Yes                               | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report           | Received                   |                         |  |
| Date Registered          |                                   |                         |                                  | Claim Close Date     | 21/10/2020 14:55           | Date Received           |  |
| Report Taken By          |                                   | Workshop Repairer       | ROSLINDA                         |                      |                            | Total Loss but Repaired |  |

☒ Print AK letter

Save Submit

Attachment

|              |            |           |     |
|--------------|------------|-----------|-----|
| Accident No. | MT/1107315 | Claim No. | 001 |
|--------------|------------|-----------|-----|

10/21/2020

Claim Handling(accident reporting Claim Task 001 OD-MX)

Last Doc. Received

Yes

No

Upload Date

21/10/2020 00:00

Path \*

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No file chosen

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No file chosen

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No file chosen

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No file chosen

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No file chosen

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No file chosen

Message Read

Category \*

Confidential

Urgency \*

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NO

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Attachment List


Attachment

Uploaded By/Date

Category

Urgency

Description




NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Oct 2020 14:55

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2020-10-21




NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Oct 2020 14:55

NRIC/ Driving License

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Normal

NRIC/ Driving License 2020-10-21



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NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Oct 2020 14:54

Photos

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Photos 2020-10-21




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Photos

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Photos 2020-10-21

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading

https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do

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