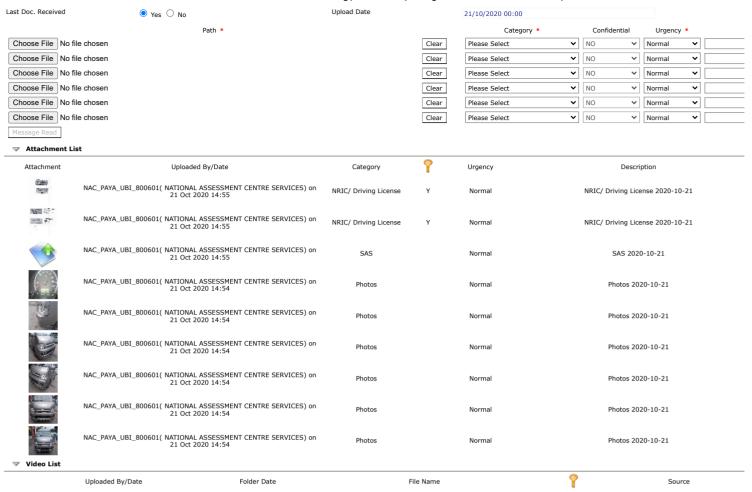
Claim Handling

Accident MT/1107315						
Policy No.	5076553999-04	Vehicle No.	CB8326L	GST Regis	tration No.	
Certificate No.						
Policyholder Name	RZ TRANSPORT			Policyhold	er NRIC	53325213W
Product Code	BUS INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	Loading	
Contact No.(Mobile)	91907907	Contact No.(Office)	0	Contact N	o.(Home)	0
Email Address		Special Remark		eCode		No 🗸
KFK	No Yes	TCA	No Yes	eCode Rea	son	
NCD Protection	No	NCD Entitlement(%)	0	Private Hi	e	No
Accident Details						
Report Date	21/10/2020 14:49	Accident Report Within 24 hrs	Yes	Accident T	ype	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			
DD Standard Excess	0.00	TP Standard Excess	3,000.00			
/IED OD Excess	0.00	YIED TP Excess	0.00	Driver is (Driver is Covered?	
Additional Excess	0.00	TED IT EXCESS	0.00	Diver is c	overeu:	Covered
Total OD Excess Applicable	0.00	Total TP Excess Applicable	3,000.00			
▼ Benefits	0.00	local Tr Excess Applicable	3,000.00			
	tion					
	No		GST Registration Date			
SST Registered SST Registration No.	INO		GST Registration Date GST Status Verified		Yes	
Iodification History	21/10/2020 14:53:27 Sv	stem changed GST Status Verified from No			ies	
rounication riistory	,,					
▼ Policyholder Mailing Add	ress					
Address 1	BLK 8 #14-4088	Address 2	NORTH BRIDGE ROAD	Address 3	Address 3	
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 DO	Driver DOB	
Register Date of Driver License	08/10/2001	Driver Age	60	Driving Ex	Driving Experience	
Contact No.(Mobile)	81806544	Contact No.(Office)	0		Contact No.(Home)	
Address 1	BLK 420	Address 2	TAMPINES STREET 41		Address 3	
Address 4	SINGAPORE 520420	Address Type	Singapore address		Post Code	
Unit No.	#08-116	1,525,535	3			520420
Does he own a Singapore		Driver Vehicle No.		Driver Inc	urar Campany	
Registered car?	Yes No	Driver venicle No.		Driver Insurer Company		
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No			
M-J:Cki II:-k						
Modification History						
Claim 001 OD-MX New						
				▼ Insured Name		Insured
Claim Type *			OD-MX		RZ TRANSPORT	NRIC
Contact No.(Mobile)			91907907	Contact No.	NIL	Contact No.
				(Home)		(Office)
Email Address				Vehicle Number	CB8326L	Vehicle Number
Claim Description			CB8326L / S	JM8766J ON 20 Oct 2020		Name of Preferred
Preferred						Worksho
Workshop	Insured Liability Fully at					
Finalisation Les	Repair Preferred Workshop Option	, Name unknown V Received		Claim		Date
Date Registered			21/10/2020	14:55 Close Date		Received
				Workshop		Total Los
Report Taken By			ROSLINDA	Repairer		but Repaired
E						
Print AK letter						
_			Save Submit			
Attachment						
_						
▼						
Accident No.	MT/1107315	Claim No.	001			



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