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Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5114853141	5114853141-000014	EVEREST AUTO	53267267D	GFM	Third Party	SKL8217X	SKL8217X	15/07/2020	12/12/2020

Continue

Policy Information

Policy No.	5114853141	Policyholder Name	EVEREST AUTO	Policyholder NRIC	53267267D
Certificate No.	5114853141-000014				
Address	169 KAKI BUKIT AVENUE 1 #03-03 SHUN LI INDUSTRIAL PARK SINGAPORE 416019				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	13/12/2019	Effective Date	13/12/2019 00:00	Expiry Date	12/12/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	1339.14		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	M PLUS CONSULTANCY	Agent Tel.	63777336	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	169 KAKI BUKIT AVENUE 1	Address 2	#03-03 SHUN LI INDUSTRIAL P	Address 3	SINGAPORE 416019
Address 4		Address Type	Singapore address	Post Code	416019
Unit No.	14-808	Related Policy Number	5105923256-02		

Insured Object: 5114853141-000014

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	03/07/2020 00:00	Basic Information Endorsement	000001287333396	Endorsement Take Effective	update memo B: change veh SJX8203J to SMT5976S WEF 03/07/2020

Certificate Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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Claim Handling

Accident MT/1108425

Policy No.	5114853141	Vehicle No.	SKL8217X	GST Registration No.	
Certificate No.	5114853141-000014				
Policyholder Name	EVEREST AUTO			Policyholder NRIC	53267267D
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	NC
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	30/10/2020 13:51	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	29/10/2020	Time of Accident hh:mm	14:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BKE TWDS PIE AFTER DAIRY FARM EXIT				

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		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	169 KAKI BUKIT AVENUE 1	Address 2	#03-03 SHUN LI INDUSTRIAL P	Address 3	SINGAPORE 416019
Address 4		Address Type	Singapore address	Post Code	416019
Unit No.	14-808	Related Policy Number	5105923256-02		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	04/04/1991
Unnamed driver Name	XU SHAOHONG, BERNARD	Driver NRIC	S9111941B	Driving Experience	9
Register Date of Driver License	14/03/2011	Driver Age	29	Contact No.(Home)	0
Contact No.(Mobile)	89490148	Contact No.(Office)	0	Address 3	SINGAPORE 730554
Address 1	BLK 554	Address 2	WOODLANDS DRIVE 53	Post Code	730554
Address 4		Address Type	Singapore address		
Unit No.	03-21				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	EVEREST AUTO	Insured NRIC	53267267D
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	+
Email Address		OI Vehicle Number	SKL8217X	TP Vehicle Number	SKK834Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKL8217X / SKK834Y ON 29 Oct 2020			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	30/10/2020 13:53	Claim Close Date		Date Received	30/10/2020 00:00
Report Taken By	Jackson				

Print AK letter

Save **Submit**

Attachment

Accident No.	MT/1108425	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/10/2020 13:56

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
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