Claim Handling

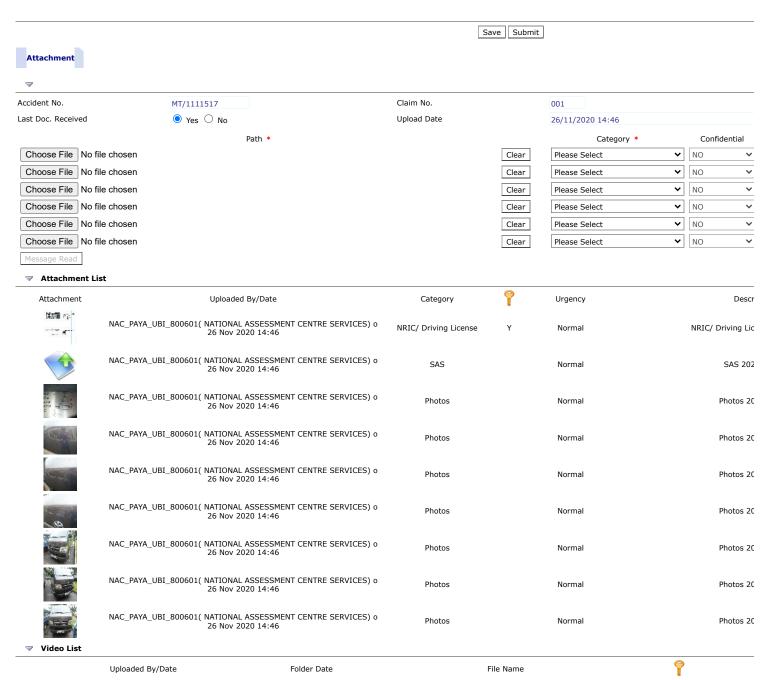
Accident MT/1111517

Accident Pit/1111517						
Policy No.	5116584229		Vehicle No.	PA6937M		GST Registration No.
Certificate No.	5116584229-000001					
Policyholder Name	THE NEW CHARIS MISSION					Policyholder NRIC
Product Code	FLEET MASTER INSURANCE		Cover Type	Third Party, Fire & Theft		Loading
Contact No.(Mobile)	64833707		Contact No.(Office)			Contact No.(Home)
Email Address			Special Remark			eCode
KFK	No Yes		TCA	No		eCode Reason
NCD Protection	No		NCD Entitlement(%)	0		Private Hire
Accident Details						
Report Date	26/11/2020 14:42		Accident Report Within 24 hrs	Yes		Accident Type
Date of Accident	25/11/2020		Time of Accident hh:mm	14:00		Country of Accident
Reporting Centre			Orange Force			ICM No.
Accident Location	970 TOA PAYOH	NORTH GANTRY				
▼ Total Excess Applicable						
Excess Type	Per Accident		Windscreen Excess			
OD Standard Excess			TP Standard Excess	3,000.00		
YIED OD Excess	0.00		YIED TP Excess		0.00	Driver is Covered?
Additional Excess						
Total OD Excess Applicable		0.00	Total TP Excess Applicable	3,0	00.00	
▼ Benefits						
▼ GST Registered Information	tion					
GST Registered	No			GST Registration Date		
GST Registration No.			GST Status Verified		ed	Yes
Modification History		26/11/2020 14:44:42 Sy	stem changed GST Status Verified from No	to Yes		
— Deliaukaldan Mailina Add						
▼ Policyholder Mailing Add						
Address 1	P O BOX 305		Address 2	THOMSON ROAD POST O	FFICE	Address 3
Address 4			Address Type	Singapore address		Post Code
Unit No.			Related Policy Number	5116585477		
▼ OI Driver Info						
Driver Name	Unnamed Driver		Driver Type	Unnamed Driver		
Unnamed driver Name	LIM BOK CHUAN (LIN MUQUAN)		Driver NRIC	S8225583D		Driver DOB
Register Date of Driver License	27/09/2013		Driver Age	38		Driving Experience
Contact No.(Mobile)	91793274		Contact No.(Office)			Contact No.(Home)
Address 1	BLK 998A #06-701		Address 2	BUANGKOK CRESCENT		Address 3
Address 4	SINGAPORE 531998		Address Type	Singapore address		Post Code
Unit No.	06-701					
Does he own a Singapore Registered car?	○ Yes No		Driver Vehicle No.			Driver Insurer Comp
Declaration						
Breathalyser or Blood Test Reading?	0 mg		Any injury?	Yes No		
Modification History						
Troumedation Tribeory						
Claim 001 New						
						Insured THE NEW
Claim Type *				OD	P-MX	Name ITTE NEW
Contact No.(Mobile)				987	780637	Contact No.
, ,						(Home)
Email Address				Kel	yntay@tncm.org.sg	OI Vehicle PA6937M
						Number
Claim Description				PAG	5937M / BARRIER ON 25 N	Nov 2020
Preferred						
Workshop	Prefer	ereu	y at Fault			
Require No. Finalisation	✓ Repair Optior		o, Name unknown report Received			Claim
Date Registered				26/	11/2020 14:45	Close

Report Taken By

LIEW SHAN HUI

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