Claim Handling

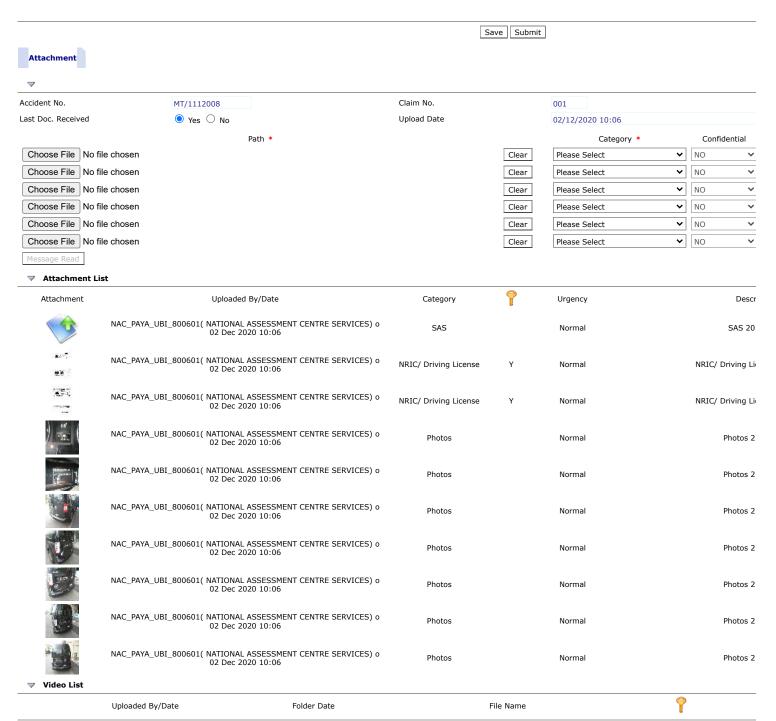
Accident MT/1112008

Policy No.	5110753659-01	Vehicle No.	GBC497K	GST Registration No.
Certificate No.	5110753659-01-000001			
Policyholder Name	CARWAY LEASING & RENTAL			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	67440777	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
Accident Details				
Report Date	02/12/2020 10:03	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	29/11/2020	Time of Accident hh:mm	11:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	SLIP RD FROM FOURTH AVE TWDS BUKIT	TIMAH RD		
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.0	0
OD Standard Excess	2,000.00	TP Standard Excess	1,500.0	כ
YIED OD Excess	0.00	YIED TP Excess	0.0	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.0	o
▼ Benefits				
	tion			
GST Registered	No		GST Registration Date	
GST Registration No.			GST Status Verified	Yes
Modification History	02/12/2020 10:05:28 S	ystem changed GST Status Verified from No	to Yes	
▼ Policyholder Mailing Add	ress			
Address 1	53 UBI AVENUE 1	Address 2	#03-01 PAYA UBI INDUSTRIAL	Address 3
Address 4	55 6517.02.162.1	Address Type	Singapore address	Post Code
Unit No.	03-01	Related Policy Number	5110752456-01	7
▼ OI Driver Info	03 01	related Folicy Names.	3110732130 01	
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TRAORE BASSIROU	Driver NRIC	G6406712K	Driver DOB
Register Date of Driver License	23/09/2020	Driver Age	42	Driving Experience
Contact No.(Mobile)	85988403	Contact No.(Office)	42	Contact No.(Home)
	8 LORONG 40 GEYLANG		# DADI/ 1 CHITEC	Address 3
Address 1	8 LORONG 40 GETLANG	Address 2	# PARK 1 SUITES	
Address 4		Address Type	Singapore address	Post Code
Unit No.				
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	
Reduing:				
Modification History				
Claim 001 New				
Claim out New				
Claim Type *			OD-MX	✓ Insured CARWAY
76.				Name CARWAT
Contact No.(Mobile)			9862777	7 No.
				(Home)
Email Address				Vehicle GBC497k
				Number
Claim Description			GBC497	(/ SFR3889S ON 29 Nov 2020
Preferred	Included Linkility			
Workshop	Insured Liability Not at	GΙΔ		
Finalisation Lies	Repair Preferred Worksho Option	p, Name unknown report Received		Claim
Date Registered			02/12/20	020 10:06 Close Date

Report Taken By

LIEW SHAN HUI

Print AK letter



Display in New Window

Scan and uploading