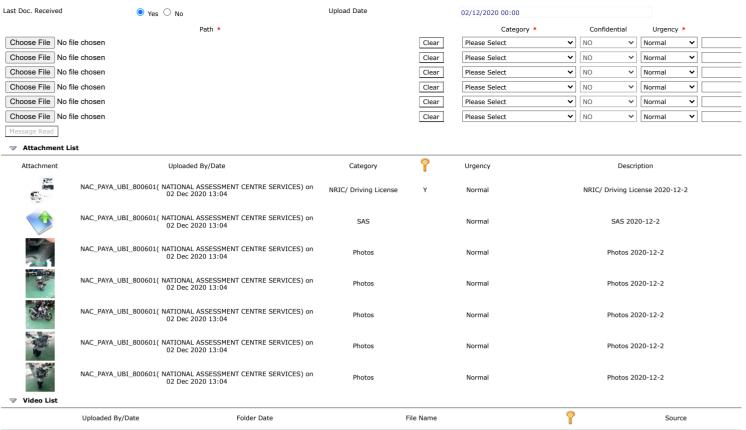
Claim Handling

Accident MT/1112066					
Policy No.	5114136261	Vehicle No.	FBK6919D	GST Registration No.	M200805321
Certificate No.	5114136261-000006				
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD			Policyholder NRIC	198801155R
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	64833167	Contact No.(Home)	0
Email Address		Special Remark		eCode	No 🕶
KFK	No	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
▼ Accident Details					
Report Date	02/12/2020 12:58	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	23/11/2020	Time of Accident hh:mm	18:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BBDC EMERGENCY COURSE AREA				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
77.					
OD Standard Excess	0.00	TP Standard Excess	0.00		
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	0.00		
▼ Benefits					
	tion				
GST Registered	Yes		GST Registration Date	01/04/1994	
GST Registration No.	M200805321		GST Status Verified	Yes	
Modification History					
▼ Policyholder Mailing Add	lress				
Address 1	815 BUKIT BATOK WEST AVENU	Address 2	BUKIT BATOK DRIVING CENTRE	Address 3	SINGAPORE 6590
Address 4		Address Type	Singapore address	Post Code	659085
Unit No.		Related Policy Number	5112584367-01		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	QAMARUL ARIFIN BIN NASSIR	Driver NRIC	S9202482B	Driver DOB	23/01/1992
Register Date of Driver License	23/11/2020	Driver Age	28	Driving Experience	0
Contact No.(Mobile)	96774863	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 449B	Address 2	BUKIT BATOK WEST AVENUE 9	Address 3	WEST VALLEY @ I
Address 4	SINGAPORE 652449	Address Type	Singapore address	Post Code	652449
Unit No.	#02-88		• •		
Does he own a Singapore	Yes No	Driver Vehicle No.		Driver Insurer Company	
Registered car?	163 (0.10)	Briver vehicle No.		Diver insurer company	
Declaration					
Breathalyser or Blood Test	_				
Reading?	0 mg	Any injury?	Yes No		
Modification History					
Claim 001 OD-MX New					
G: T *			[a=	Insured Name BUKIT BATOK DRI	Insured
Claim Type *			OD-MX		
Contact No.(Mobile)				Contact No.	Contact No.
				(Home) OI	(Office)
Email Address			RACHEL@BBDC	C.SG Vehicle FBK6919D	Vehicle
				Number	Number Name of
Claim Description			FBK6919D ON 2	23 Nov 2020	Preferred Workshop
Preferred	Towns district.				Workshop
Workshop	Insured Liability Fully at F Preferered ✓ Repair Preferred Workshop (v		
Finalisation Finalisation	Repair Option Preferred Workshop ((refer below) V Received		Claim	Date
Date Registered			02/12/2020 13	Close Date	Received
Report Taken By			ROSLINDA	Workshop	Total Los but
Report taken by			ROSLINDA	Repairer	Repaired
Print AK letter					
			Save Submit		
_					
Attachment					
Accident No.	MT/1112066	Claim No.	001		



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