

Claim Handling

Accident MT/1104575

Policy No.	5109909289-01	Vehicle No.	SKA3349P	GST Registration No.
Certificate No.	5109909289-01-000005			
Policyholder Name	OSCARS LEASING PRIVATE LIMITED			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
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

Accident Details

Report Date	25/09/2020 14:50	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	21/09/2020	Time of Accident hh:mm	12:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	DRIVEWAY OF HDB BLK 567A HOUGANG STREET 51			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess		TP Standard Excess	1,500.00	
YIED OD Excess		YIED TP Excess		Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00	

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	25/09/2020 14:51:56 System changed GST Registered from Yes to No 25/09/2020 14:51:56 System changed GST Registration No. from 201431292N to null 25/09/2020 14:51:56 System changed GST Registration Date from 29/06/2005 to null		

Policyholder Mailing Address

Address 1	50 EAST COAST ROAD	Address 2	#01-90 ROXY SQUARE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5109909289-01	

OI Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp:

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	OSCARS
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SKA3349
Claim Description	SKA3349P / FBP245C ON 21 Sept 2020		
Preferred Workshop		Insured Liability	Partially at Fault
Benefit No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	04/12/2020 14:54
<input checked="" type="checkbox"/> Print AK letter			LIEW SHAN HUI

Save Submit

Attachment

Accident No. MT/1104575 Claim No. 002
Last Doc. Received Yes No Upload Date 04/12/2020 14:55

Form with fields for Path, Category, and Confidentiality, including 'Choose File' buttons and 'Clear' buttons.

Attachment List

Table with columns: Attachment, Uploaded By/Date, Category, Urgency, Descr. Contains 12 rows of attachment data with icons and text.

Video List

Table with columns: Uploaded By/Date, Folder Date, File Name. Includes a key icon.

Display in New Window Scan and uploading