Claim Handling

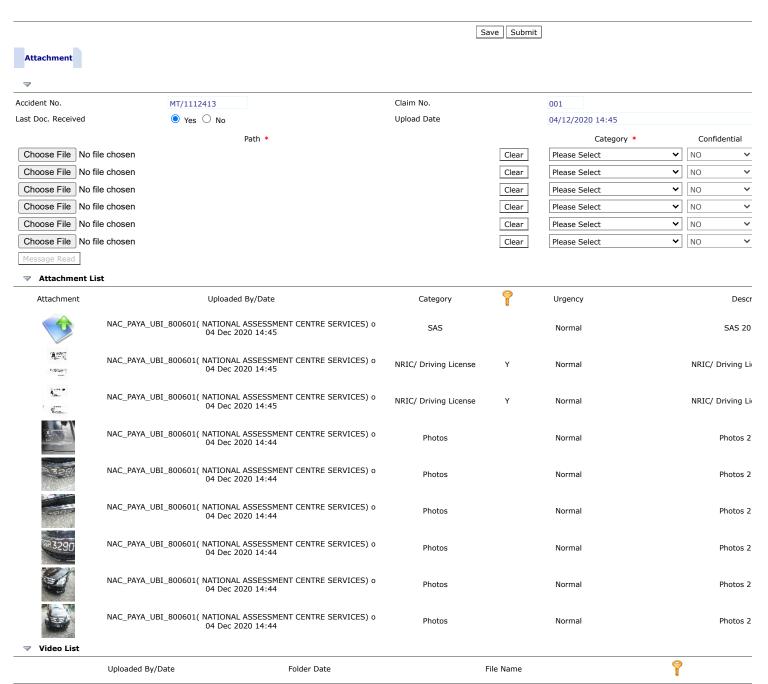
Accident MT/1112413

Policy No.	5110751486-01	Vehicle No.	SGR3290G	GST Registration No.
Certificate No.	5110751486-01-000007			
Policyholder Name	CARWAY LEASING & RENTAL			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	81136342	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	No	TCA	No	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
Accident Details				
Report Date	04/12/2020 14:40	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/12/2020	Time of Accident hh:mm	18:05	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	Choa Chu Kang Cres, Singapore			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess		TP Standard Excess	1,500.00	
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	1,500.00	
▼ Benefits				
	ion			
GST Registered	No		GST Registration Date	
GST Registration No.			GST Status Verified	Yes
Modification History	04/12/2020 14:43:31 Sy	stem 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		Address Type	Singapore address	Post Code
Unit No.	03-01	Related Policy Number	5110752456-01	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	FARADINA BINTE MOHD KHALII	Driver NRIC	S8937778A	Driver DOB
Register Date of Driver License	01/02/2011	Driver Age	31	Driving Experience
Contact No.(Mobile)	81136342	Contact No.(Office)	31	Contact No.(Home)
Address 1	BLK 670 #02-521	Address 2	CHOA CHU KANG CRESCENT	Address 3
Address 4	BER 070 #02-321	Address Type		Post Code
Unit No.	02 524	Address Type	Singapore address	Post Code
Does he own a Singapore	02-521			
Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Compa
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	
Modification History				
Claim 001 New				
Claim out New				
Claim Type *			OD-MX	✓ Insured CARWAY
				Name CARWAT
Contact No.(Mobile)			98627777	No.
				(Home)OI
Email Address				Vehicle SGR3290
			-	Number
Claim Description			SGR3290G /	SKZ8818M ON 3 Dec 2020
Preferred	Incurred Liability			
Workshop	Insured Liability Fully at	GIA		
Finalisation Finalisation	Repair Preferred Workshop Option	n, Name unknown report Received		Claim
Date Registered			04/12/2020	14:44 Close Date

Report Taken By

LIEW SHAN HUI





Display in New Window

Scan and uploading