

Claim Handling

Accident MT/1112567

Policy No.	CV00000400299	Vehicle No.	SGN3156H	GST Registration No.	
Certificate No.	CV00000400299-000014				
Policyholder Name	TRIBECAR PTE. LTD.			Policyholder NRIC	
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	
Contact No.(Mobile)	81301183	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input 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	07/12/2020 10:32	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	30/11/2020	Time of Accident hh:mm	08:00	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	Republic Blvd				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	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	500.00		

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/07/201
GST Registration No.	201605563H	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	51 Ubi Ave 1	Address 2	#03-30	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	#03-30	Related Policy Number			

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMAD ANDRY BIN AZAMAN	Driver NRIC	S8619959I	Driver DOB	
Register Date of Driver License	19/11/2020	Driver Age	34	Driving Experience	
Contact No.(Mobile)	88947851	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 121A #16-223	Address 2	EDGEDALE PLAINS	Address 3	
Address 4	SINGAPORE 821121	Address Type	Singapore address	Post Code	
Unit No.	16-223				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	TRIBECAR
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SGN3156
Claim Description	SGN3156H / SLT8251S ON 30 Nov 2020		

Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
		07/12/2020 10:35	Claim Close Date

☒ Print AK letter

Save

Submit

Attachment

▼

Accident No. MT/1112567

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 07/12/2020 10:37

Path \*

Category \*

Confidential

Choose File

No file chosen

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No file chosen

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No file chosen

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No file chosen

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No file chosen

Message Read

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▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Dec 2020 10:37	SAS		Normal	SAS 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Dec 2020 10:37	NRIC/ Driving License	Y	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Dec 2020 10:37	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Dec 2020 10:37	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Dec 2020 10:36	Photos		Normal	Photos 2
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Dec 2020 10:36	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Dec 2020 10:36	Photos		Normal	Photos 2

▼ Video List

Uploaded By/Date	Folder Date	File Name	
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