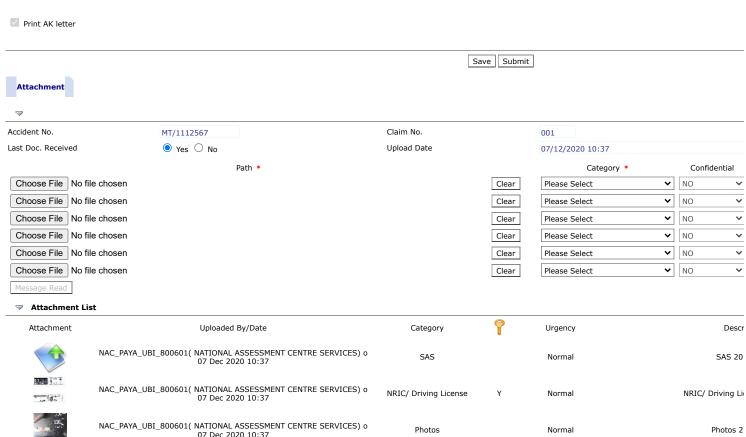
Claim Handling

Accident MT/1112567

Accident Pit/1112507							
Policy No.	CV00000400299		Vehicle No.	SGN3156H		GST Registr	ration No.
Certificate No.	CV00000400299-000014						
Policyholder Name	TRIBECAR PTE. LTD.					Policyholder	r 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	No		TCA	No 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 Co	vered?
Additional Excess							
Total OD Excess Applicable		0.00	Total TP Excess Applicable		500.00		
▼ Benefits							
▼ GST Registered Information	tion						
GST Registered	Yes			GST Registra	ation Date	01/07/201	
GST Registration No.	201605563H			GST Status '	√erified	Yes	
Modification History							
▼ Policyholder Mailing Add	ress						
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?	Yes No		Driver Vehicle No.			Driver Insurer Compa	
Registered car:							
Declaration							
Breathalyser or Blood Test	0 mg		Any injury?				
Reading?	o mg		, ary migary.	165 110			
Modification History							
Maria and Maria							
Claim 001 New							
Claim Type *					OD-MX	Insured	TRIBECA
76.						Name L	
Contact No.(Mobile)						No.	
						(Home) OI	
Email Address							SGN3156
Claim Description					SGN3156H / SLT8251S ON	1 30 Nov 2020	
Preferred		Insured Liability Not at	Fault 🗸				
Workshop Beat संख No. Finalisation	Prefer Repai	ered Not at	n Name unknown V GIA Received	.			
Date Registered	Option		report report		07/12/2020 10:35	Claim Close	
- · · ·					, , .========	Date	

Report Taken By

LIEW SHAN HUI



07 Dec 2020 10:37 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 Photos Normal Photos 2 07 Dec 2020 10:36 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 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal Photos 2 07 Dec 2020 10:36 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal Photos 2 07 Dec 2020 10:36 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal Photos 2 07 Dec 2020 10:36

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