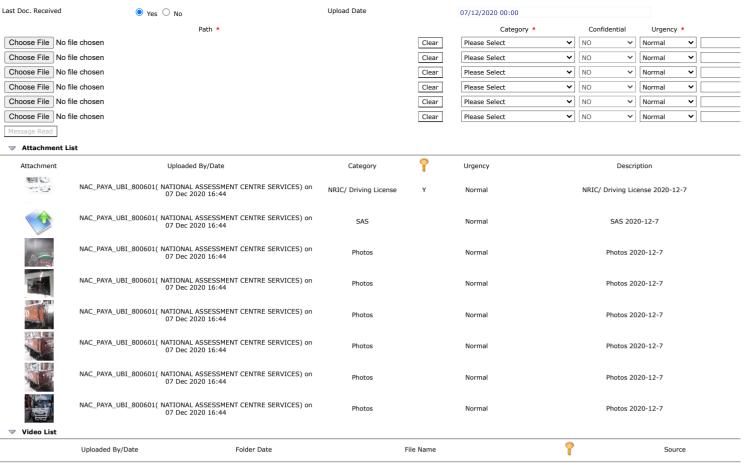
Claim Handling

Accident MT/1112681						
Policy No.	5119034744	Vehicle No.	YQ2628R	GST Regist	ration No.	201016745G
Certificate No.						
Policyholder Name	ED BUILDERS PTE LTD			Policyholde	r NRIC	201016745G
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	Loading	
Contact No.(Mobile)	0	Contact No.(Office)	67464101	Contact No	.(Home)	0
Email Address		Special Remark		eCode		No 🕶
KFK	No	TCA	No Yes	eCode Rea	son	
NCD Protection	No	NCD Entitlement(%)	0	Private Hin	9	No
▼ Accident Details						
Report Date	07/12/2020 16:39	Accident Report Within 24 hrs	Yes	Accident Ty	/pe	Side Swipe
Date of Accident	07/12/2020	Time of Accident hh:mm	00:45	Country of	Accident	Singapore
Reporting Centre		Orange Force		ICM No.		
Accident Location	RANGOON ROAD CARPARK					
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess	100.00			
OD Standard Excess	600.00	TP Standard Excess	0.00			
YIED OD Excess	1,000.00	YIED TP Excess	0.00	Driver is C	overed?	Covered
Additional Excess	1,000.00	TIED IT EXCESS	0.00	Dilver is c	, vereu:	covered
Total OD Excess Applicable	1 600 00	Total TP Excess Applicable	0.00			
▼ Benefits	1,600.00	iotal Tr Excess Applicable	0.00			
▽ GST Registered Informat	tion					
GST Registered	Yes		GST Registration Date		27/05/2011	
GST Registration No.	201016745G		GST Status Verified	27/05/2011 Yes		
Modification History	2010107 150					
▼ Policyholder Mailing Add	ress					
Address 1	80 GENTING LANE	Address 2	#07-04 RUBY INDUSTRIAL CON	Address 3	Address 3	
Address 4		Address Type	Singapore address	Post Code		349565
Unit No.	07-04	Related Policy Number	5119034744			
▼ OI Driver Info						
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	RAVICHANDRAN NIRMAL	Driver NRIC	G2508660R	Driver DOE	Driver DOB	
Register Date of Driver License	01/12/2017	Driver Age	26	Driving Exp	perience	3
Contact No.(Mobile)	91226495	Contact No.(Office)	0	Contact No	Contact No.(Home)	
Address 1	49 KAKI BUKIT INDUSTRIAL TE	Address 2	SINGAPORE 416129	Address 3		
Address 4		Address Type	Singapore address	Post Code		416129
Unit No.						
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insu	Driver Insurer Company	
registered car.						
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No			
Modification History						
Claim 001 OD-MX New						
Claim Type *			OD-MX	Insured Name	✓ Insured Name ED BUILDERS PTE LTD	
				Contact	ED BOIEDERS I TE	NRIC Contact
Contact No.(Mobile)			96968926	No. (Home)		No. (Office)
Email Address				OI Vehicle Number	YQ2628R	TP Vehicle Number
Claim Description			YQ2628R / YPG	6943J ON 7 Dec 2020		Name of
						Worksho
Preferred Workshop Reguire No. Yes	Insured Liability Not at F	ault				
Finalisation Yes	Repair Option Preferred Workshop	, Name unknown V GIA report Received	~	Claim		D-4-
Date Registered	Орион		07/12/2020 10			Date Received
				Workshop		Total Los
Report Taken By			ROSLINDA	Repairer		but Repaired
Print AK letter						
_ THICAN IELLEI						
			Save Submit			
Attachment						
₩						
Accident No.	MT/1112681	Claim No.	001			



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