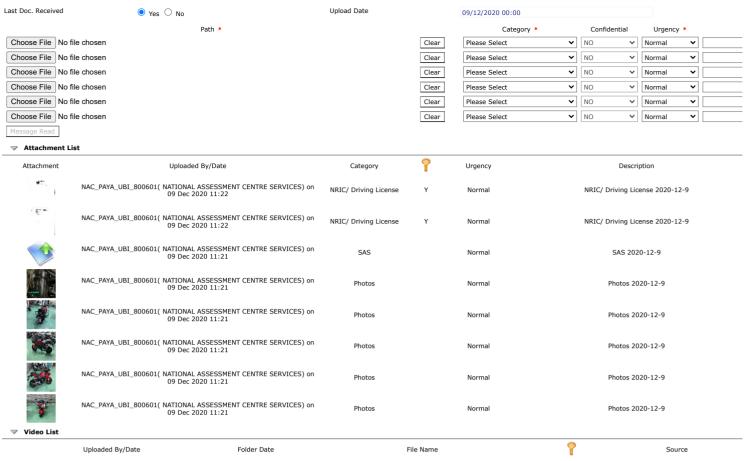
## Claim Handling

Accident MT/1112914					
Policy No.	5114136261	Vehicle No.	FL5555Z	GST Registration No.	M200805321
Certificate No.	5114136261-000104				
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD			Policyholder NRIC	198801155R
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	64833167	Contact No.(Home)	0
Email Address		Special Remark		eCode	No 🗸
KFK	No	TCA	No	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
▼ Accident Details					
Report Date	09/12/2020 11:14	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	30/11/2020	Time of Accident hh:mm	12:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BBDC CIRCUIT				
<b>▼ Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
▼ Benefits					
	tion				
GST Registered	Yes		GST Registration Date	01/04/1994	
GST Registration No.	M200805321		GST Status Verified	Yes	
Modification History					
▼ Policyholder Mailing Add	lrace				
Address 1		Address 2	BUKIT BATOK DRIVING CENTRE	Address 3	SINGAPORE 6590
Address 4	815 BUKIT BATOK WEST AVENU	Address Type	Singapore address	Post Code	659085
Unit No.		Related Policy Number	5112584367-01	rost code	039003
▼ OI Driver Info		related Folicy Number	3112364307-01		
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ONG XI WEI,GRACE(WANG XIV	Driver NRIC	S8608060E	Driver DOB	02/04/1986
Register Date of Driver License					02/04/1986
Contact No.(Mobile)	30/11/2020	Driver Age Contact No.(Office)	34	Driving Experience  Contact No.(Home)	
Address 1	96624197	Address 2	0	Address 3	0
Address 1 Address 4	BLK 92B		TELOK BLANGAH STREET 31	Post Code	TELOK BLANGAH
	SINGAPORE 102092	Address Type	Singapore address	Post Code	102092
Unit No.  Does he own a Singapore	#06-187				
Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes     No		
Modification History					
Claim 001 OD-MX					
Claim Type *			OD-MX	▼ Insured Name BUKIT BATOK DE	RIVING CENTRE Insured NRIC
				Contact	Contact
Contact No.(Mobile)				No. (Home)	No. (Office)
Email Address			TANCHOONG	OI Vehicle Number	TP Vehicle Number
Claim Description			FL5555Z ON 3		Name of Preferred Worksho
Preferred	Insured Liability Fully at F				WOLKSHO
Workshop <b>Requiret</b> No. Finalization	Preférered Truny de re	refer below) GIA Received	~		
Finalisation Date Registered	Repair Option Preferred Workshop (	refer below)		Claim Close	Date
Date Registered			09/12/2020 1	Date	Received
Report Taken By			ROSLINDA	Workshop Repairer	Total Los but
					Repaired
Print AK letter					
			Save Submit		
Attachment					
₩					
Accident No.	MT/1112914	Claim No.	001		



Display in New Window | Scan and uploading