

Claim Handling

Accident MT/1113166

Policy No.	5108754520-01	Vehicle No.	GBH7161G	GST Registration No.
Certificate No.	5108754520-01-000007			
Policyholder Name	FIRST VENTURE EXPRESS PTE LTD			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	Preferred Workshop Plan	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	10/12/2020 18:17	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	10/12/2020	Time of Accident hh:mm	00:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	NA			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess		Driver is Covered?
Additional Excess				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/12/2017
GST Registration No.	201622440D	GST Status Verified	Yes
Modification History	10/12/2020 18:18:52 System changed GST Registered from No to Yes 10/12/2020 18:18:52 System changed GST Registration No. from null to 201622440D 10/12/2020 18:18:52 System changed GST Registration Date from null to 01/12/2017		

▼ Policyholder Mailing Address

Address 1	BLK 494G #03-550	Address 2	TAMPINES STREET 45	Address 3
Address 4	SINGAPORE 527494	Address Type	Singapore address	Post Code
Unit No.	02-1464	Related Policy Number	5113174089-01	

▼ OI Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Comp

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	FIRST VE
Contact No.(Mobile)	88680909	Contact No. (Home)	
Email Address	FUWEI0909@HOTMAIL.COM	OI Vehicle Number	GBH7161
Claim Description	GBH7161G / SMS6965Y ON 10 Dec 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By	SHAN HUI		
☒ Print AK letter			

Save

Submit

Attachment

▼

Accident No.

MT/1113166

Claim No.

002

Last Doc. Received

Yes

No

Upload Date

11/12/2020 18:28

Path *

Category *

Confidential

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▼ Attachment List

Attachment

Uploaded By/Date

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Urgency

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11 Dec 2020 18:28

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▼ Video List

Uploaded By/Date

Folder Date

File Name

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