Claim Handling

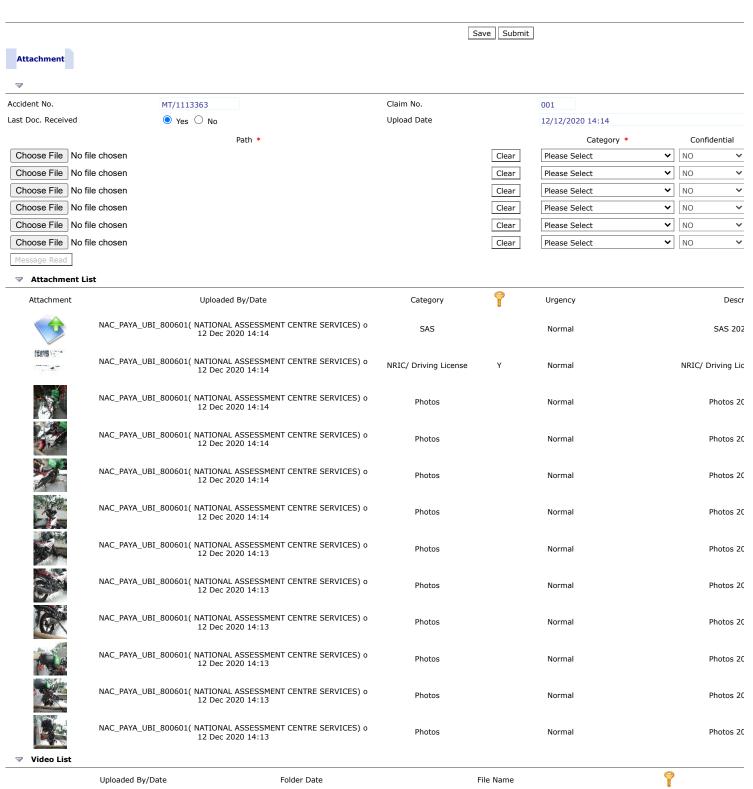
Accident MT/1113363

Accident M1/1113363					
Policy No.	5117265590		Vehicle No.	FBL4463J	GST Registration No
Certificate No.	5117265590-000018				
Policyholder Name	DR DELIVERY PTE LTD				Policyholder NRIC
Product Code	FLEET MASTER INSURANCE		Cover Type	Third Party	Loading
Contact No.(Mobile)	88330051		Contact No.(Office)		Contact No.(Home)
Email Address			Special Remark		eCode
KFK	No		TCA	No	eCode Reason
NCD Protection	No		NCD Entitlement(%)	0	Private Hire
Accident Details			, ,		
Report Date	12/12/2020 14:09		Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	04/12/2020		Time of Accident hh:mm	16:25	Country of Accident
Reporting Centre	- 1, - 1, - 1 - 1		Orange Force	10123	ICM No.
Accident Location	River Valley Rd		g		
▼ Total Excess Applicable	River valley Ru				
Excess Type	Per Accident		Windscreen Excess		1
Excess Type	Tel Accident		Williascreen Excess		
OD Standard Excess		0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00		YIED TP Excess	0.00	
Additional Excess					
Total OD Excess Applicable		0.00	Total TP Excess Applicable	0.00	
■ Benefits			, , , , , , , , , , , , , , , , , , ,		
▼ GST Registered Information	tion				
GST Registered		No		GST Registration Date	
GST Registration No.				GST Status Verified	Yes
Modification History		12/12/2020 14:12:34 Sy	vstem changed GST Status Verified from No		
▼ Policyholder Mailing Add	ress				
Address 1	6D MANDAI ESTATE		Address 2	#02-07 M-SPACE	Address 3
Address 4			Address Type	Singapore address	Post Code
Unit No.	02-07		Related Policy Number	5117265590	
▼ OI Driver Info	02 07			511,25555	
Driver Name	Unnamed Driver		Driver Type	Unnamed Driver	
Unnamed driver Name	RIDZWAN ZULKARNAEN BIN RC		Driver NRIC	S9432902G	Driver DOB
Register Date of Driver License	27/01/2019		Driver Age	26	Driving Experience
Contact No.(Mobile)	86204280		Contact No.(Office)		Contact No.(Home)
Address 1	BLK 137 #03-146		Address 2	YISHUN RING ROAD	Address 3
Address 4	DEN 137 #03 140		Address Type	Singapore address	Post Code
Unit No.	03-146		Address Type	Singapore address	1 ost code
Does he own a Singapore	03-146		D. C. Malatala Ma		D. L. Leves Come
Registered car?	Yes No		Driver Vehicle No.		Driver Insurer Comp
5.1					
Declaration					
Breathalyser or Blood Test Reading?	0 mg		Any injury?	Yes ○ No	
Modification History					
Production Flistory					
Claim 001 New					
Claim Type *				OD-MX	▼ Insured Name DR DELI
Contact No (Mahila)				07426626	Contact
Contact No.(Mobile)				97426628	No. (Home)
Email Address					OI Vehicle FBL4463
Littali Address					Number
Claim Description				FBI 44631	/ SLR9180S ON 4 Dec 2020
J.S Sessiption				I DE44031	, 52.01005 ON T DEC 2020
Preferred Workshop	In Prefere	sured Liability Not at I	Fault 🗸		
Regulate No. Finalisation	✓ Repair	Preferred Workshop	CIA	V	Cla' ··
Date Registered	Option			12/12/20	
					Date

Report Taken By

SHAN HUI

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