Claim Handling

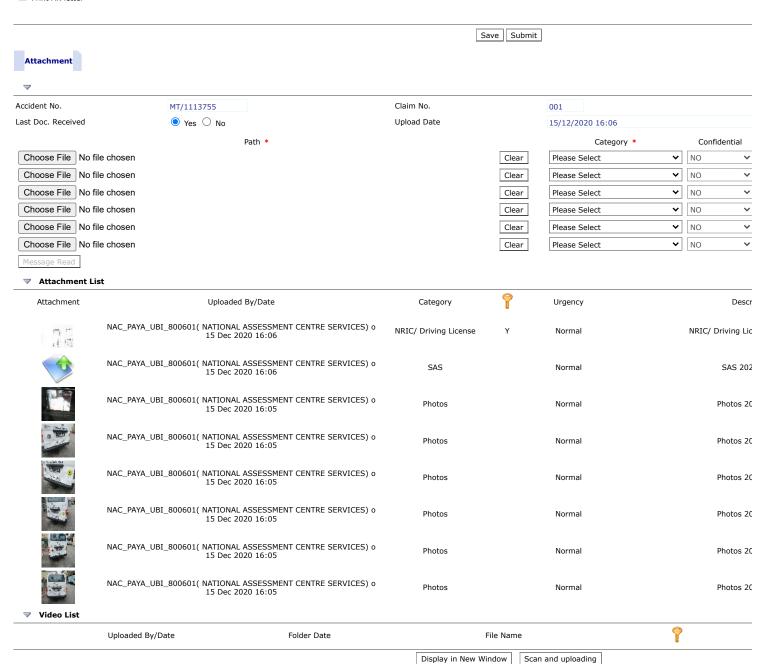
Accident MT/1113755

Policy No.	5114652644	Vehicle No.	GBJ832P	GST Registration No.
Certificate No. Policyholder Name	MUNTERS PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Preferred Workshop Plan	Loading
Contact No.(Mobile)	96566677	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	No	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire
▼ Accident Details				
Report Date	15/12/2020 16:02	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/12/2020	Time of Accident hh:mm	17:05	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	Sengkang E Rd, Singapore			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	
▼ Benefits				
▼ GST Registered Informat	tion			
GST Registered	Yes		GST Registration Date	01/04/199
GST Registration No.	M200900049		GST Status Verified	Yes
Modification History	15/12/2020 16:04:14 Sy 15/12/2020 16:04:14 Sy	stem changed GST Registration Date from stem changed GST Status Verified from No	01/01/2015 to 01/04/1994 to Yes	
▼ Policyholder Mailing Add	ress			
Address 1	16 TAI SENG STREET	Address 2	#05-01	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5114652644-01	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SOH SENG CHER	Driver NRIC	S7806659H	Driver DOB
Register Date of Driver License	15/04/1997	Driver Age	42	Driving Experience
Contact No.(Mobile)	96566677	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 160 #12-202	Address 2	YISHUN STREET 11	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	12-202			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Comp
Declaration				
Breathalyser or Blood Test	0 mg	Any injury?	Yes No	
Reading?	-			
Modification History				
Claim 001 New				
<u></u>				
Claim Type *			OD-MX	▼ Insured Name MUNTERS
				Contact
Contact No.(Mobile)				No. (Home)
Essell Add see				OI
Email Address				Vehicle GBJ832P Number
Claim Description			CB1922D /	SLM5877T ON 13 Dec 2020
скит резстрион			GBJ832P /	3LH30771 ON 13 Dec 2020
Preferred Workshop	Insured Liability Not at I	Fault 💙		
Regulate No. Finalisation	Repair Preferred Workshop	GIA	i v	Ol- 1
Date Registered	Option		15/12/2020	
				Date

Report Taken By

SHAN HUI

Print AK letter



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