## **Claim Handling**

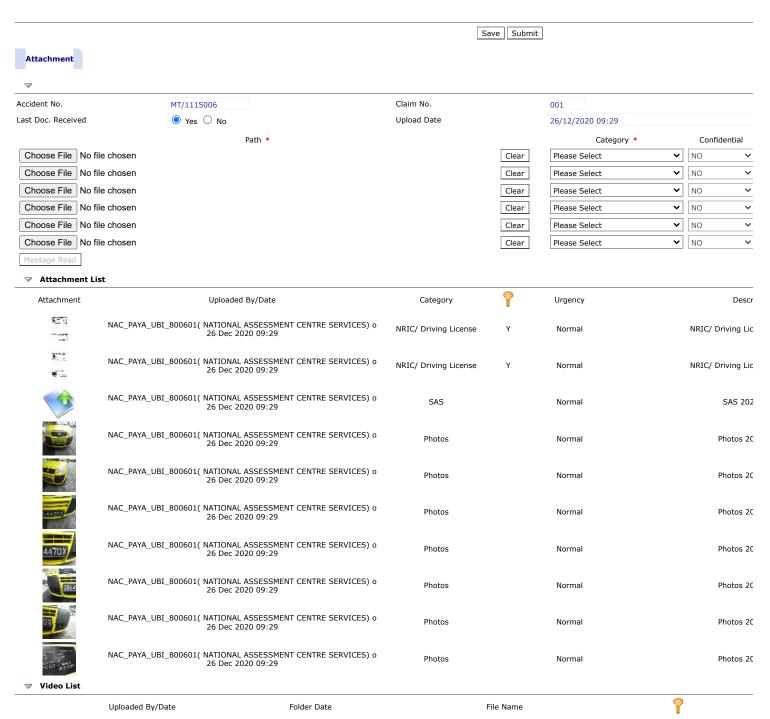
## Accident MT/1115006

Policy No.	5110754147-01	Vehicle No.	GBA4470X	GST Registration No.
Certificate No.	5110754147-01-000001			
Policyholder Name	CARWAY LEASING & RENTAL			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	67440777	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	26/12/2020 09:26	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/12/2020	Time of Accident hh:mm	10:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	23 Serangoon Central, Singapore 556083			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess		TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00	
▼ Benefits				
	tion			
GST Registered	No		GST Registration Date	
GST Registration No.			GST Status Verified	Yes
Modification History				
▼ Policyholder Mailing Add	ress			
Address 1	53 UBI AVENUE 1	Address 2	#03-01 PAYA UBI INDUSTRIAL	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-01	Related Policy Number	5110752456-01	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TEO HOCK BENG	Driver NRIC	S7123918G	Driver DOB
Register Date of Driver License	18/03/1996	Driver Age	49	Driving Experience
Contact No.(Mobile)	97678925	Contact No.(Office)	.5	Contact No.(Home)
Address 1	BLK 203 #07-1097	Address 2	TOA PAYOH NORTH	Address 3
Address 4	SINGAPORE 310203	Address Type	Singapore address	Post Code
Unit No.		Address Type	Singapore address	rost code
Does he own a Singapore	07-1097			
Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Comp
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	
<b>y</b>				
Modification History				
Claim 001 New				
Claim Type *			OD-MX	Insured Name CARWAY
				Contact
Contact No.(Mobile)			98627777	No. (Home)
				OI
Email Address				Vehicle GBA4470 Number
Claim Description			GBA4470X / Sł	HA1966G ON 24 Dec 2020
Preferred	Insured Liability Fully 3			
Workshop Regulation Yes	Preferered Preferred Worksho	n Name unknown V GIA Received	i <b>v</b>	
Finalisation Finalisation	Option Preferred Worksho	report report		Claim
Date Registered			26/12/2020 09	Close Date

Report Taken By

SHAN HUI

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