Claim Handling

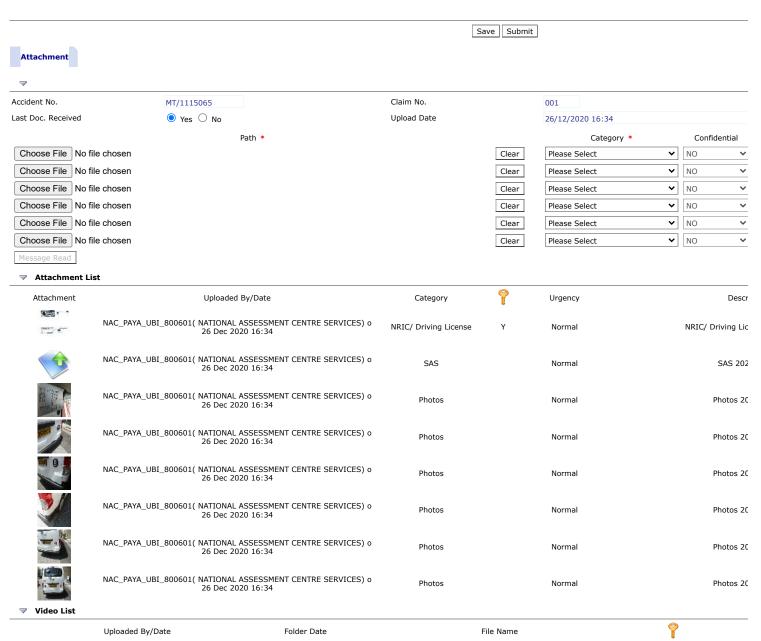
Accident MT/1115065

Policy No.	5109460616-01	Vehicle No.	GBF3685Z	GST Registration No.
Certificate No.	5109460616-01-000007			
Policyholder Name	VYY PTE. LTD.			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	96173225	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	26/12/2020 16:30	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/12/2020	Time of Accident hh:mm	14:35	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	Bishan Street 21, Singapore			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess		
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	ion			
GST Registered	Yes		GST Registration Date	15/05/200
GST Registration No.	200903502N		GST Status Verified	Yes
Modification History	26/12/2020 16:32:59 Sy	ystem changed GST Status Verified from No	to Yes	
Policyholder Mailing Add	ress			
Address 1	BLK 1078 #01-168	Address 2	EUNOS AVENUE 6	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5112279352-01	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TAN ENG JENNY (CHEN YING, J	Driver NRIC	SXXXX002J	Driver DOB
Register Date of Driver License	28/09/2004	Driver Age	41	Driving Experience
Contact No.(Mobile)	98589388	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 129 #08-854	Address 2	RIVERVALE STREET	Address 3
Address 4	BER 123 # 00 03 1	Address Type	Singapore address	Post Code
Unit No.	08-854	Address Type	Singapore address	r ost code
Does he own a Singapore		D. C. Waltzla Na		D I
Registered car?	◯ Yes ⊚ No	Driver Vehicle No.		Driver Insurer Comp
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	
Modification History				
Piddificacion History				
Claim 001 New				
Claim Type *			OD-MX	Insured Name VYY PTE.
				Contact
Contact No.(Mobile)				No. (Home)
Essell Add see				OI
Email Address				Vehicle GBF3685 Number
Claim Description			openous.	
Claim Description			GBF3685Z	: / GX1594L ON 24 Dec 2020
Preferred Workshop	Insured Liability Not at	Fault 🗸		
Regulate No. Vec	Preferered ∨ Repair Preferred Worksho	n Name unknown V GIA Received	· •	
Pinalisation Date Registered	Option	report report	26/12/202	Claim Close Close
=			,,	Date

Report Taken By

SHAN HUI

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