

**Claim Handling**

**Accident MT/1112920**

Policy No.	5117566663	Vehicle No.	GBK3324P	GST Registration No.
Certificate No.				
Policyholder Name	SPARKIE			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	81215421	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

**Accident Details**

Report Date	09/12/2020 11:41	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/12/2020	Time of Accident hh:mm	09:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG BUKIT BATOK ROAD			

**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 Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	09/12/2020 11:44:30 System changed GST Status Verified from No to Yes		

**Policyholder Mailing Address**

Address 1	BLK 141 #03-270	Address 2	PETIR ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-270	Related Policy Number	5117566663	

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	IBRAHIM BIN AB WAHAB	Driver NRIC	S8116713C	Driver DOB
Register Date of Driver License	30/09/2008	Driver Age	39	Driving Experience
Contact No.(Mobile)	81215421	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 271 #02-97	Address 2	TAMPINES STREET 21	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	02-97			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	GBK3324P	Driver Insurer Comp

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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**Modification History**

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**Claim 001** **New**

Claim Type *	OD-MX	Insured Name	SPARKIE
Contact No.(Mobile)	83386049	Contact No. (Home)	
Email Address	SPARKIE_135@HOTMAIL.COM	OI Vehicle Number	GBK3324
Claim Description	GBK3324P / GBJ5875H ON 8 Dec 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	09/12/2020 11:45	GIA report	Received
		Claim Close Date	

