Claim Handling

Accident MT/1115536

Policy No. Certificate No.	5114866853	Vehicle No.	YP8241M	GST Registration No.
Policyholder Name	JAA ENTERPRISE			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Preferred Workshop Plan	Loading
Contact No.(Mobile)	90054170	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	30/12/2020 10:28	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	29/12/2020	Time of Accident hh:mm	13:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	TPE, 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	ion			
GST Registered	Yes		GST Registration Date	01/12/200
GST Registration No.	M90359699Y		GST Status Verified	Yes
Modification History	30/12/2020 10:30:45 Sy 30/12/2020 10:30:45 Sy	stem changed GST Registration Date from stem changed GST Status Verified from No	01/01/2015 to 01/12/2004 to Yes	
	ross			
			[
Address 1	55A YISHUN INDUSTRIAL PARK	Address 2	#01-02B NK CERAMIC BUILDIN	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-02B	Related Policy Number	5103270332-02	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	GOH JOO KWANG	Driver NRIC	SXXXX609F	Driver DOB
Register Date of Driver License	29/04/2010	Driver Age	49	Driving Experience
Contact No.(Mobile)	90054170	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 693A #04-711	Address 2	WOODLANDS AVENUE 6	Address 3
Address 4	SINGAPORE 731693	Address Type	Singapore address	Post Code
Unit No.	04-711			
Does he own a Singapore Registered car?	◯ Yes ⊚ No	Driver Vehicle No.		Driver Insurer Comp
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	
Modification History				
Claim 001 New				
				Insured 144 ENTE
Claim Type *			OD-MD	Name JAA ENTE
Contact No.(Mobile)				Contact No.
				(Home)
Email Address			jaapami@yaho	OI vehicle YP8241M
				Number
Claim Description			YP8241M / SM	IS9660G ON 29 Dec 2020
Preferred				
Workshop 86146767	Insured Liability Fully at	GIA		
Finalisation Finalisation	Repair Preferred Workshop Option	(refer below) V Received		Claim
Date Registered			30/12/2020 10	0:32 Close Date

LIEW SHAN HUI

Print AK letter

