

Claim Handling

Accident MT/1115965

Policy No.	5116424639	Vehicle No.	YP1410M	GST Registration No.
Certificate No.				
Policyholder Name	THREETREE LOGISTICS & SOLUTIONS PTE. LTD.			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	96231457	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

▼ Accident Details

Report Date	04/01/2021 15:40	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	31/12/2020	Time of Accident hh:mm	11:40	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	Sims Dr, 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 Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	04/01/2021 15:45:02 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	3 ANG MO KIO STREET 62	Address 2	#04-31 LINK@AMK	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-31	Related Policy Number	5116424639	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	CHOO YONG HO(ZHU YONGHE)	Driver NRIC	SXXXX589D	Driver DOB
Register Date of Driver License	05/06/2003	Driver Age	36	Driving Experience
Contact No.(Mobile)	90125824	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 204 #03-255	Address 2	JURONG EAST STREET 21	Address 3
Address 4	SINGAPORE 600204	Address Type	Singapore address	Post Code
Unit No.	03-255			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		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

Claim 001

New

Claim Type *	OD-MX	Insured Name	THREETR
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	YP1410M
Claim Description	YP1410M / GBF449J ON 31 Dec 2020		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
			04/01/2021 15:46
		Claim Close Date	

☒ Print AK letter

Save

Submit

Attachment

▼

Accident No. MT/1115965

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 04/01/2021 15:46

Path *

Category *

Confidential

Choose File

No file chosen

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Choose File

No file chosen

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No file chosen

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No file chosen

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Message Read

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NO

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jan 2021 15:46	SAS		Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jan 2021 15:46	NRIC/ Driving License	Y	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jan 2021 15:46	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jan 2021 15:46	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jan 2021 15:46	Photos		Normal	Photos 2
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jan 2021 15:46	Photos		Normal	Photos 2

▼ Video List

Uploaded By/Date	Folder Date	File Name	
<div><div>Display in New Window</div><div>Scan and uploading</div></div>			