

Claim Handling

Accident MT/1116222

Policy No.	5110360556-01	Vehicle No.	PC4853Z	GST Registration No.
Certificate No.				
Policyholder Name	JD LIMOUSINE SERVICES			Policyholder NRIC
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	98326466	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(%)	10	Private Hire

▼ Accident Details

Report Date	05/01/2021 18:25	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	04/01/2021	Time of Accident hh:mm	07:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	Sengkang Central, Singapore			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	500.00	
OD Standard Excess	2,000.00	TP Standard Excess	3,000.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	3,000.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	05/01/2021 18:28:09 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 123 #14-117	Address 2	RIVERVALE DRIVE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	14-117	Related Policy Number	5110360556-01	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SEAH TECK HEE JOHN	Driver NRIC	S7011869F	Driver DOB
Register Date of Driver License	14/07/1990	Driver Age	50	Driving Experience
Contact No.(Mobile)	98326466	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 123 #14-117	Address 2	RIVERVALE DRIVE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	14-117			
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	JD LIMOL
Contact No.(Mobile)	98326466	Contact No. (Home)	
Email Address		OI Vehicle Number	PC4853Z
Claim Description	PC4853Z / SKU6284S ON 4 Jan 2021		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
			05/01/2021 18:29
		Claim Close Date	

