

**Accident MT/1116256**

Policy No.	5111351131-01	Vehicle No.	SKB7476Z	GST Registration No.	
Certificate No.	5111351131-01-000007				
Policyholder Name	CAR WORLD LIMO			Policyholder NRIC	
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	89320710	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(%)	0	Private Hire	

### ▼ Accident Details

Report Date	06/01/2021 10:45	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/01/2021	Time of Accident hh:mm	02:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	Eu Tong Sen St, Singapore			

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess		TP Standard Excess	1,500.00
YIED OD Excess	0.00	YIED TP Excess	0.00
Additional Excess	0		
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00

Driver is Covered?

### Benefits

 **GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

#### Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#05-06 AUTOMOBILE MEGAMAI	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5111350750-01	

#### ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SULAIMAN BIN ALI MOHAMED	Driver NRIC	S1771787A	Driver DOB
Register Date of Driver License	24/09/1999	Driver Age	54	Driving Experience
Contact No.(Mobile)	89320710	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 550 #07-510	Address 2	BEDOK NORTH AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	07-510			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp

## Declaration

Breathalyzer or Blood Test Reading? 0 mg Any injury? ☒ Yes ☐ No

### Modification History

**Claim 001** **New**

Claim Type *	OD-MX		Insured Name	CAR WORK
Contact No.(Mobile)			Contact No. (Home)	
Email Address			OI Vehicle Number	SKB7476
Claim Description	SKB7476Z / SKH2433Z ON 2 Jan 2021			
Preferred Workshop		Insured Liability	Not at Fault	
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered			Received	Claim Close Date
				06/01/2021 10:48

☒ Print AK letter

Save

Submit

Attachment

Accident No.

MT/1116256

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

06/01/2021 10:48

Path \*

Category \*

Confidential

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

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NO

Choose File

No file chosen

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Please Select

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jan 2021 10:48	NRIC/ Driving License	Y	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jan 2021 10:48	SAS		Normal	SAS 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jan 2021 10:48	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jan 2021 10:48	Photos		Normal	Photos 2
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jan 2021 10:48	Photos		Normal	Photos 2

Video List

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