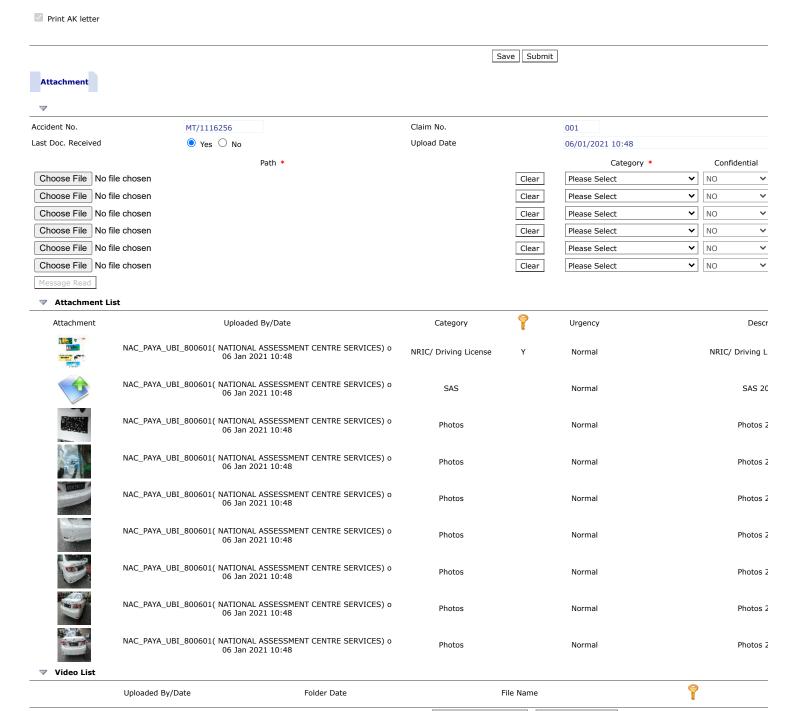
## **Claim Handling**

## Accident MT/1116256

Accident Pit/1110250							
Policy No.	5111351131-01		Vehicle No.	SKB7476Z		GST Regis	stration No.
Certificate No.	5111351131-01-000007						
Policyholder Name	CAR WORLD LIMO					Policyhold	er NRIC
Product Code	FLEET MASTER INSURANCE		Cover Type	Third Party, Fire & Theft		Loading	
Contact No.(Mobile)	89320710		Contact No.(Office)			Contact No	o.(Home)
Email Address			Special Remark			eCode	
KFK	No		TCA	No Yes		eCode Reason	
NCD Protection	No		NCD Entitlement(%)	0		Private Hir	re
Accident Details							
Report Date	06/01/2021 10:45		Accident Report Within 24 hrs	Yes	Accident 7		ype
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					
<b>▼ Total Excess Applicable</b>							
Excess Type	Per Accident		Windscreen Excess				
OD Standard Excess			TP Standard Excess	1,500	0.00		
YIED OD Excess	0.00		YIED TP Excess		0.00	Driver is Covere	
Additional Excess		0					
Total OD Excess Applicable		0.00	Total TP Excess Applicable	1,500	0.00		
▼ Benefits							
	tion						
GST Registered	No			GST Registration Da			
GST Registration No.				GST Status Verified	ı		Yes
Modification History							
□ Policyholder Mailing Add  □ Policyholder Mailing Add  □ Policyholder Mailing Add  □ Policyholder Mailing Add  □ Policyholder Mailing Add	rocc						
▼ Policyholder Mailing Add  Add and 1			A.I.I 2	#05 05 AUTOMODY 5 AUTO		A 11 2	
Address 1	61 UBI AVENUE 2		Address 2	#05-06 AUTOMOBILE MEGA		Address 3	
Address 4			Address Type	Singapore address	Post Code		
Unit No.			Related Policy Number	5111350750-01			
▼ OI Driver Info			D. T. T. T.				
Driver Name Unnamed driver Name	Unnamed Driver		Driver Type Driver NRIC	Unnamed Driver	Driver DOB		.D
	SULAIMAN BIN ALI MOHAMED			S1771787A			
Register Date of Driver License	24/09/1999		Driver Age	54		Driving Experience Contact No.(Home)	
Contact No.(Mobile)	89320710		Contact No.(Office)	DEDOK NODTH AVENUE 4			
Address 1 Address 4	BLK 550 #07-510		Address Type	BEDOK NORTH AVENUE 1		Address 3 Post Code	
	07 510		Address Type	Singapore address		Post Code	
Unit No.  Does he own a Singapore	07-510						_
Registered car?	Yes No		Driver Vehicle No.			Driver Insurer Compa	
Declaration							
Breathalyser or Blood Test Reading?	0 mg		Any injury?	Yes No			
Modification History							
Claim 001 New							
				[		Insured	
Claim Type *				OD-M	1X 🗸	□ Name	CAR WO
Contact No.(Mobile)						Contact No.	
						(Home)	
Email Address						OI Vehicle	SKB7476
						Number	
Claim Description				SKB7	476Z / SKH2433Z ON 2 Ja	an 2021	
Preferred		Transport Links					
Workshop	Prefe		GIA				
Require No. Finalisation Yes	▼ Repai Optio		pp, Name unknown report Received		(2021 10 10	Claim	
Date Registered				06/01	/2021 10:48	Close	

Report Taken By

LIEW SHAN HUI



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