

Accident MT/1116630

Policy No.	5108238503-01	Vehicle No.	SMF4391J	GST Registration No.
Certificate No.	5108238503-01-000008			
Policyholder Name	LT AUTO			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	98761737	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	08/01/2021 17:27	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	07/01/2021	Time of Accident hh:mm	10:55	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BUKIT BATOK WEST AVENUE 5			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	0.00	TP Standard Excess	1,500.00
YIED OD Excess	0.00	YIED TP Excess	0.00
Additional Excess	0.00		
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	08/01/2021 17:30:59 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	317 OUTRAM ROAD	Address 2	#B1-34 CONCORDE SHOPPING	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	B1-34	Related Policy Number	5119260342	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LEE TUEN LEE	Driver NRIC	S1458875B	Driver DOB
Register Date of Driver License	25/07/1984	Driver Age	59	Driving Experience
Contact No.(Mobile)	98761737	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 769 #08-13	Address 2	CHOA CHU KANG STREET 54	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	08-13			
Does he own a Singapore Registered car?	☒ Yes ☐ No	Driver Vehicle No.	SMF4391J	Driver Insurer Company

Declaration

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

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX		Insured Name	LT AUT
Contact No.(Mobile)			Contact No. (Home)	
Email Address			OI Vehicle Number	SMF4391J
Claim Description	SMF4391J / FBG8813H ON 7 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
			08/01/2021 17:35	

☒ Print AK letter

Save

Submit

Attachment

▼

Accident No.

MT/1116630

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

08/01/2021 17:48

Path *

Category *

Confidential

Choose File

No file chosen

Choose File

No file chosen

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No file chosen

Choose File

No file chosen

Choose File

No file chosen

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No file chosen

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Message Read

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Desi
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 17:48	NRIC/ Driving License	Y	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 17:48	SAS		Normal	SAS 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 17:48	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 17:44	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 17:44	Photos		Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 17:43	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 17:43	Photos		Normal	Photos

Video List

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

