## **Claim Handling**

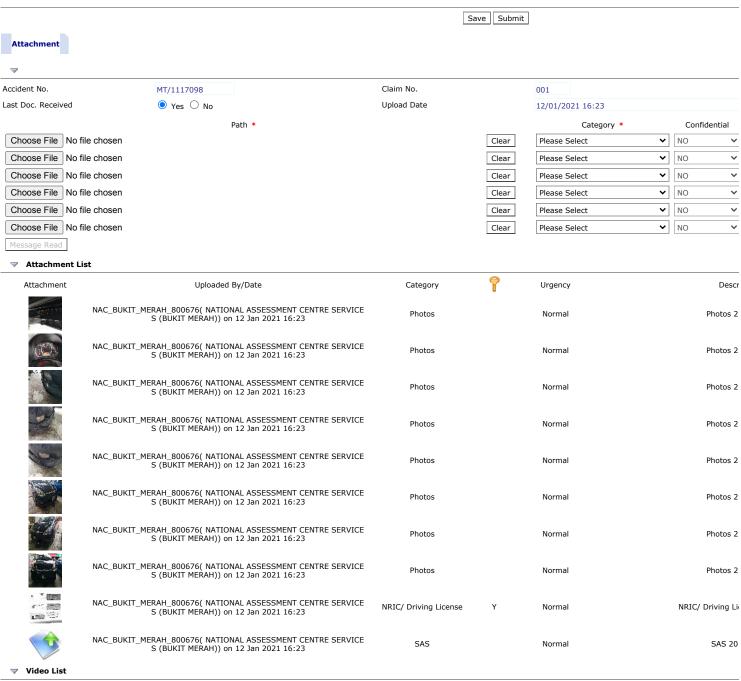
## Accident MT/1117098

Policy No.	5111294417-01	Vehicle No.	SJN9422P	GST Registration No.
Certificate No.	5111294417-01-000002			
Policyholder Name	Q LEASING			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	94513424	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	12/01/2021 16:16	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	12/01/2021	Time of Accident hh:mm	08:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	KIM SENG WALK			
<b>▼ Total Excess Applicable</b>				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	
▼ Benefits				
	tion			
GST Registered	No		GST Registration Date	
GST Registration No.			GST Status Verified	Yes
Modification History				
▼ Policyholder Mailing Add	ress			
Address 1	317 OUTRAM ROAD	Address 2	#02-39 CONCORDE SHOPPING	Address 3
Address 4	517 56116 11 116715	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5111300367-01	7 050 0000
▼ OI Driver Info		Relaced Folicy Number	3111300307 01	
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	ABDUL RAZAK BIN ROSLAN	Driver NRIC	S7028589D	Driver DOB
Register Date of Driver License	29/06/1993	Driver Age	50	Driving Experience
Contact No.(Mobile)	94513424	Contact No.(Office)	30	Contact No.(Home)
Address 1	BLK 355 #02-1800	Address 2	YISHUN RING ROAD	Address 3
Address 4	BER 333 #02-1000			Post Code
Unit No.	03.1000	Address Type	Foreign address	Post Code
Does he own a Singapore	02-1800			
Registered car?	Yes No	Driver Vehicle No.	SJN9422P	Driver Insurer Comp
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	◯ Yes ⊚ No	
<b>y</b>				
Modification History				
Claim 001 New				
<u></u>				
Claim Type *			OD-MX	Insured Q LEASIN
				Contact
Contact No.(Mobile)				No. (Home)
				OI
Email Address				Vehicle SJN9422
Claim Description			SJN9422P / FBP	21105S ON 12 Jan 2021
Preferred	Insured Liability Partial			
Workshop <b>Beattakt</b> No. Finalisation	Prefer <b>e</b> red Partial	ly at Fault   ✓ GIA  Received  Received	<b>Y</b>	
Finalisation Date Registered	Option Preferred Workship	report report		Claim Close
Date Negistereu			12/01/2021 16:	Date

Report Taken By

ROSLI WAHAB





Folder Date

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