Claim Handling

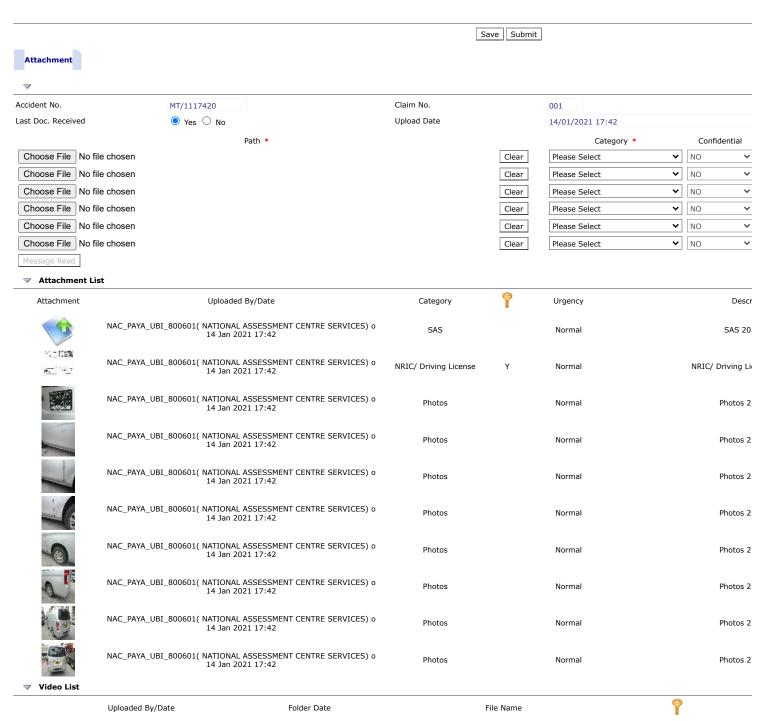
Accident MT/1117420

Policy No. Certificate No.	5117409412	Vehicle No.	GBG86S	GST Registration No.
Policyholder Name	SUN LIM GARDEN FOODSTUFFS PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	67480362	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	14/01/2021 17:38	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/01/2021	Time of Accident hh:mm	13:00	Country of Accident
Reporting Centre	13/01/2021	Orange Force	15.00	ICM No.
Accident Location	417 Yishun Ave 11, Singapore 760417	ordinge Force		Territo.
▼ Total Excess Applicable	417 Hishum Ave 11, Shigapore 700417			
	Per Accident	Windsgroop Evenes	400.00	
Excess Type	Per Accident	Windscreen Excess	100.00	ı
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	
Additional Excess	0.00	TIED IT Excess	0.00	briver is covered:
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	
▼ Benefits	600.00	Total TF Excess Applicable	0.00	<u>'</u>
-	ian.			
▼ GST Registered Informat			CCT Pasistustias Data	04/04/100
GST Registered GST Registration No.	Yes M200707397		GST Registration Date GST Status Verified	01/04/199 Yes
Modification History		m changed GST Registration Date from		ies
Produicación Fristory	14/01/2021 17:41:07 System	n changed GST Status Verified from No	to Yes	
▼ Policyholder Mailing Add	ress			
		Address 2	#OF OA DAVA LIDT TND DI	Address 3
Address 1	53 UBI AVENUE 1	Address 2	#05-04 PAYA UBI IND PK	
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5112207767-01	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	7
Unnamed driver Name	NG TONG LAI	Driver NRIC	S1206719D	Driver DOB
Register Date of Driver License	14/08/1973	Driver Age	65	Driving Experience
Contact No.(Mobile)	98552899	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 319 #09-499	Address 2	UBI AVENUE 1	Address 3
Address 4	SINGAPORE 400319	Address Type	Singapore address	Post Code
Unit No.	09-499			
Does he own a Singapore Registered car?	◯ Yes ⊚ No	Driver Vehicle No.		Driver Insurer Comp
-				
Declaration				
Breathalyser or Blood Test	0 mg	Any injury?	Yes No	
Reading?	_			
Modification History				
Claim 004				
Claim 001 New				
Claim Type *			OD-MX	✓ Insured SUN LIM
			05 1111	Name Solv Lin
Contact No.(Mobile)				No.
				(Home) OI
Email Address				Vehicle GBG86S
				Number
Claim Description			GBG86S	/ SLR4821J ON 13 Jan 2021
Preferred	Insured Liability Fully at Fau			
Workshop	Preferered Fully at Fau	GIA -	4 4	
Finalisation Finalisation	Repair Option Preferred Workshop, Na	ame unknown report Received		Claim
Date Registered			14/01/20	21 17:42 Close Date

Report Taken By

LIEW SHAN HUI

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