## **Claim Handling**

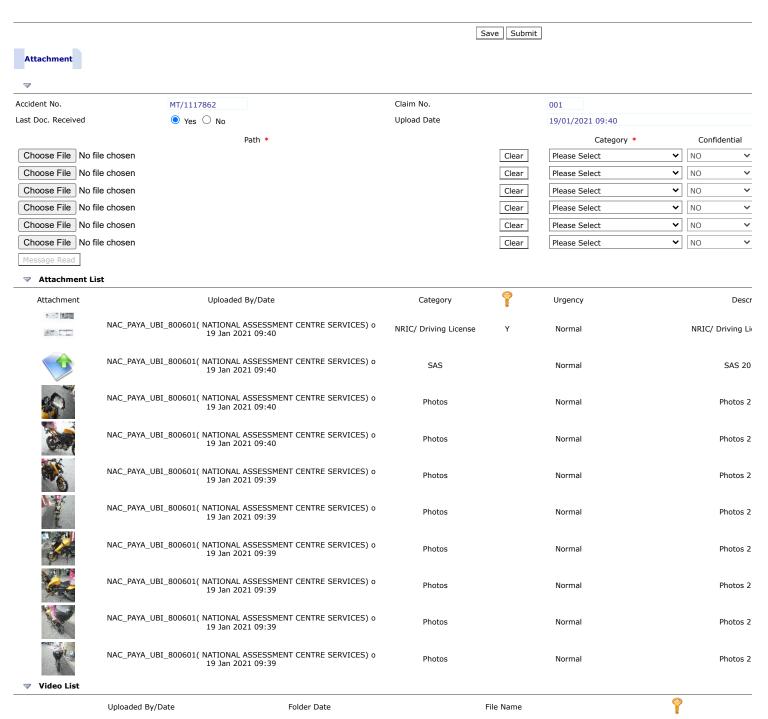
## Accident MT/1117862

Accident MI/III/002							
Policy No.	5119518754		Vehicle No.	FBH9741U		GST Regis	stration No.
Certificate No.	5119518754-000010						
Policyholder Name	TMS LEASING LLP					Policyholde	er NRIC
Product Code	FLEET MASTER INSURANCE		Cover Type	Third Party		Loading	
Contact No.(Mobile)	81863446		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 Hire	
Accident Details							
Report Date	19/01/2021 09:37		Accident Report Within 24 hrs	Yes		Accident Type	
Date of Accident	16/01/2021		Time of Accident hh:mm	20:40		Country of Accident	
Reporting Centre			Orange Force			ICM No.	
Accident Location	Oxley Rd, Singa	apore					
<b>▼ Total Excess Applicable</b>							
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	Driver is C	Covered?
Additional Excess							
Total OD Excess Applicable		0.00	Total TP Excess Applicable	1	,500.00		
▼ Benefits							
<b>▽ GST Registered Informa</b>	tion						
GST Registered	No		GST Registrati		n Date		
GST Registration No.				GST Status Veri	fied		Yes
Modification History							
▼ Policyholder Mailing Add	lress						
Address 1	1801 ANG MO KIO AVENUE 1		Address 2	#04-07 KINGSGROVE		Address 3	
Address 4			Address Type	Singapore address		Post Code	
Unit No.	04-07		Related Policy Number	5119518754			
<b>▽</b> OI Driver Info							
Driver Name	Unnamed Driver		Driver Type	Unnamed Driver			
Unnamed driver Name	LAU WEI KAI JENSEN		Driver NRIC	S8614960E		Driver DOB	
Register Date of Driver License	25/02/2010		Driver Age	34		Driving Experience	
Contact No.(Mobile)	98215310		Contact No.(Office)			Contact No.(Home)	
Address 1	BLK 439A #11-331		Address 2	SENGKANG WEST AVEN	UE	Address 3	
Address 4	SINGAPORE 791439		Address Type	Singapore address		Post Code	
Unit No.	11-331						
Does he own a Singapore Registered car?	○ Yes   No		Driver Vehicle No.			Driver Insurer Compa	
,							
Declaration							
Breathalyser or Blood Test	0 mg		Any injury?				
Reading?							
Modification History							
Claim 001 New							
Claim Type *				OI	D-MX	Insured Name	TMS LEA
						Contact	
Contact No.(Mobile)						No. (Home)	
						OI	
Email Address						Vehicle Number	FBH9741
Claim Description				[5]	2H0741H / CMU1402C ON		
Claim Description				[FB	3H9741U / SMU1402C ON	70 19U 505T	
Preferred Workshop		Insured Liability Not at	Fault 🗸				
Regulate No. Finalisation	Prefé Repai	ir Preferred Worksho	op, Name unknown   GIA report Received	<b>Y</b>		CI-:	
Date Registered	Optio	n	cport		0/01/2021 09:39	Claim Close	
						Dato	

Report Taken By

SHAN HUI

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