

Claim Handling

Accident MT/1117940

Policy No.	5116120350	Vehicle No.	SLF9598J	GST Registration No.	
Certificate No.	5116120350-000030				
Policyholder Name	CAR COVE LEASING PTE. LTD.			Policyholder NRIC	
Product Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Loading	
Contact No.(Mobile)	88664288	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	19/01/2021 14:58	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	17/01/2021	Time of Accident hh:mm	17:30	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	JURONG WEST AVENUE 4				

Total Excess Applicable

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

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	87 DEFU LANE 10	Address 2	#03-13	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	02-04	Related Policy Number	5101723492-02		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHIN WEE NAM JOHN. CHIN WI	Driver NRIC	S0016020B	Driver DOB	
Register Date of Driver License	01/09/1999	Driver Age	71	Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 16 #14-47	Address 2	CANTONMENT CLOSE	Address 3	
Address 4	SINGAPORE 080016	Address Type	Foreign address	Post Code	
Unit No.	14-47				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.	SLF9598J	Driver Insurer Comp	

Declaration

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

Claim 001

New

Claim Type *	OD-MX	Insured Name	CAR COV
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SLF9598J
Claim Description	SLF9598J / SBS3638S ON 17 Jan 2021		
Preferred Workshop		Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
		19/01/2021 15:03	Claim Close Date

☒ Print AK letter

Save Submit

Attachment

Accident No.

MT/1117940

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

19/01/2021 15:05

Path *

Category *

Confidential

Choose File No file chosen

Clear Please Select NO

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Choose File No file chosen

Clear Please Select NO

Choose File No file chosen

Clear Please Select NO

Choose File No file chosen

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Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jan 2021 15:05	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jan 2021 15:05	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jan 2021 15:05	Photos		Normal	Photos 2
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jan 2021 15:04	Photos		Normal	Photos 2
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jan 2021 15:03	NRIC/ Driving License	Y	Normal	NRIC/ Driving Li
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jan 2021 15:03	SAS		Normal	SAS 20

Video List

Uploaded By/Date	Folder Date	File Name
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Display in New Window

Scan and uploading