Claim Handling

Accident MT/1118039

Policy No.	5112912790-01	Vehicle No.	XE3490M	GST Registration No	
Certificate No.					
Policyholder Name	ALEXANDER S PTE LTD			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	92723080	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	⦿ No ○ Yes	TCA	⦿ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	

▽ **Accident Details**

Report Date	20/01/2021 11:50	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	19/01/2021	Time of Accident hh:mm	12:00	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	SIMS AVE				

▽ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	500.00		
OD Standard Excess	1,500.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	1,500.00	Total TP Excess Applicable	0.00		

▽ **Benefits**

▽ **GST Registered Information**

GST Registered	Yes	GST Registration Date	12/06/20
GST Registration No.	201607106Z	GST Status Verified	Yes
Modification History			

▽ **Policyholder Mailing Address**

Address 1	109 GRACE WALK	Address 2	SINGAPORE 554482	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5112912790-01		

▽ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN ENG CHUAN	Driver NRIC	S139982C	Driver DOB	
Register Date of Driver License	21/10/2009	Driver Age	61	Driving Experience	
Contact No.(Mobile)	96646817	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 3 #12-546	Address 2	TELOK BLANGAH CRESCENT	Address 3	
Address 4	SINGAPORE 090003	Address Type	Singapore address	Post Code	
Unit No.	12-546				
Does he own a Singapore Registered car?	○ Yes ⦿ No	Driver Vehicle No.		Driver Insurer Comp	

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	ALEXAN
Contact No.(Mobile)				Contact No. (Home)	
Email Address				OI Vehicle Number	XE349(
Claim Description			XE3490M / SKU1918E ON 19 Jan 2021		
Preferred Workshop Contact No. Finalisation	Yes	Insured Liability	Not at Fault		
		Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered			20/01/2021 12:02	Claim Close Date	

Report Taken By   SHAN HUI   Workshop
                                                                                                     Repairer

☑ Print AK letter

Save | Submit

Attachment

▽

| Accident No. | MT/1118039 | Claim No. | 001 |
| Last Doc. Received | ◉ Yes ○ No | Upload Date | 20/01/2021 00:00 |

	Path *			Category *	Confidential
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Choose File	No file chosen		Clear	Please Select ▼	NO ▼
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Message Read

▽ **Attachment List**

Attachment	Uploaded By/Date	Category	🔑	Urgency	Desc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2021 12:02	SAS		Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2021 12:02	NRIC/ Driving License	Y	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2021 12:02	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2021 12:02	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2021 12:00	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2021 12:00	Photos		Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2021 12:00	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2021 12:00	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2021 12:00	Photos		Normal	Photos

▽ **Video List**

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