

**Claim Handling**

**Accident MT/1118372**

Policy No.	5116241265	Vehicle No.	GBH3202Z	GST Registration No.	
Certificate No.	5116241265-000003				
Policyholder Name	HOE HUAT EQUIPMENT PTE. LTD.			Policyholder NRIC	
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	69704750	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	

**Accident Details**

Report Date	22/01/2021 16:12	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	21/01/2021	Time of Accident hh:mm	15:00	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TOWARDS SLE				

**Total Excess Applicable**

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

**Benefits**

**GST Registered Information**

GST Registered	Yes	GST Registration Date	06/07/2016
GST Registration No.	201615389H	GST Status Verified	Yes
Modification History	22/01/2021 16:14:46 System changed GST Registered from No to Yes 22/01/2021 16:14:46 System changed GST Registration No. from null to 201615389H 22/01/2021 16:14:46 System changed GST Registration Date from null to 06/07/2016		

**Policyholder Mailing Address**

Address 1	15 CHANGI NORTH STREET 1	Address 2	#01-03 I-LOFTS @ CHANGI	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5108150862-01		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	JAYARAMACHANDRAN KARTHIG	Driver NRIC	G7673150R	Driver DOB	
Register Date of Driver License	24/08/2010	Driver Age	36	Driving Experience	
Contact No.(Mobile)	98535656	Contact No.(Office)		Contact No.(Home)	
Address 1	35 TAMARIND ROAD	Address 2	# SERENE PARK	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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**Modification History**

**Claim 002 OD-MX** New

Claim Type *	OD-MX	Insured Name	HOE HUAT
Contact No.(Mobile)		Contact No. (Home)	
Email Address	heohuatepl@gmail.com	OI Vehicle Number	GBH32
Claim Description	GBH3202Z / SLS5035A ON 21 Jan 2021		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	22/01/2021 16:49	GIA report	Received
		Claim Close Date	

Report Taken By

SHAN HUI Workshop Repairer

Print AK letter

Save Submit

Attachment

Accident No. MT/1118372 Claim No. 002
Last Doc. Received Yes No Upload Date 22/01/2021 00:00

Form with multiple 'Choose File' buttons, 'Clear' buttons, 'Category' dropdowns, and 'Confidential' dropdowns.

Attachment List

Table with columns: Attachment, Uploaded By/Date, Category, Urgency, Desr. Contains 15 rows of photo attachments with details like 'NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2021 16:48'.



NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2021 16:45	Photos		Normal	Photos
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Video List

Uploaded By/Date	Folder Date	File Name	
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>