

Claim Handling

Accident MT/1119078

Policy No.	5113531735-01	Vehicle No.	FBE4909C	GST Registration No.
Certificate No.	5113531735-01-000055			
Policyholder Name	ALORIDE PTE. LTD.			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	97819122	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input 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	28/01/2021 14:54	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	26/01/2021	Time of Accident hh:mm	11:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	RIVER VALLEY ROAD			

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess		TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	1,500.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	3,000.00	

▼ **Benefits**

▼ **GST Registered Information**

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

▼ **Policyholder Mailing Address**

Address 1	31 ALEXANDRA ROAD	Address 2	#05-05 ALESSANDREA	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-08	Related Policy Number	5113531735-01	

▼ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	CHOBHEY RAMAN KUMAR	Driver NRIC	S9474076B	Driver DOB
Register Date of Driver License	28/11/2019	Driver Age	26	Driving Experience
Contact No.(Mobile)	97819122	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 137 #06-1378	Address 2	JALAN BUKIT MERAH	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	06-1378			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBE4909C	Driver Insurer Comp:

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

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Claim 001 New

Claim Type *	OD-MX	Insured Name	ALORIDE
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	FBE4909C
Claim Description	FBE4909C / SHD2255C ON 26 Jan 2021		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	28/01/2021 14:58	GIA report	Received
		Claim Close Date	

▼ **Video List**

Uploaded By/Date	Folder Date	File Name	
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