

Accident MT/1119259

Policy No.	5118820826	Vehicle No.	GBB9032P	GST Registration No.
Certificate No.	5118820826-000004			
Policyholder Name	LT AUTO			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	90088701	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	29/01/2021 16:35	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	28/01/2021	Time of Accident hh:mm	17:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	Bedok South Ave 1, Singapore			

Total Excess Applicable

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
Additional Excess			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00

Driver is Covered?

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	29/01/2021 16:37:17 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	317 OUTRAM ROAD	Address 2	#B1-34 CONCORDE SHOPPING	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	B1-34	Related Policy Number	5119260342	

▼ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	CALVIN VOO JUN JIE	Driver NRIC	S9616938H	Driver DOB
Register Date of Driver License	11/12/2019	Driver Age	24	Driving Experience
Contact No.(Mobile)	90118250	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 392 #15-412	Address 2	BUKIT BATOK WEST AVENUE 5	Address 3
Address 4	SINGAPORE 650392	Address Type	Singapore address	Post Code
Unit No.	15-412			
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

New

Claim Type *	OD-MX	Insured Name	LT AUTO
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	GBB9032
Claim Description	GBB9032P / SLN5911Y ON 28 Jan 2021		
Preferred Workshop		Insured Liability	Partially at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
	29/01/2021 16:38	Claim Close Date	

☒ Print AK letter

Save

Submit

Attachment

Accident No.

MT/1119259

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

29/01/2021 16:40

Path *

Category *

Confidential

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

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NO

Choose File

No file chosen

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NO

Choose File

No file chosen

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NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jan 2021 16:40	NRIC/ Driving License	Y	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jan 2021 16:40	SAS		Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jan 2021 16:39	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jan 2021 16:39	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jan 2021 16:39	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jan 2021 16:39	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jan 2021 16:39	Photos		Normal	Photos 2
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jan 2021 16:38	Photos	Normal	Photos 2

Video List

Uploaded By/Date	Folder Date	File Name	
		Display in New Window	Scan and uploading