

**Claim Handling**

**Accident MT/1119398**

Policy No.	5109792828-01	Vehicle No.	SLR1677D	GST Registration No.
Certificate No.	5109792828-01-000027			
Policyholder Name	SHL MOTOR PTE. LTD.			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	92230326	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	01/02/2021 10:17	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	30/01/2021	Time of Accident hh:mm	10:37	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BKE TOWARDS SLE NEAR LAMP POST 351			

▼ **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	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	0.00	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	51 UBI AVENUE 1	Address 2	#01-09 PAYA UBI INDUSTRIAL	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-09	Related Policy Number	5115995291-01	

▼ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	RAPIE BIN ANWAR	Driver NRIC	S1205248J	Driver DOB
Register Date of Driver License	24/02/1978	Driver Age	64	Driving Experience
Contact No.(Mobile)	92230326	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 165A #11-329	Address 2	TECK WHYE CRESCENT	Address 3
Address 4	SINGAPORE 681165	Address Type	Foreign address	Post Code
Unit No.	11-329			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SLR1677D	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

Modification History	
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**Claim 001** New

Claim Type *	OD-MX	Insured Name	SHL MOT
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SLR1677
Claim Description	SLR1677D / GBD9930L ON 30 Jan 2021		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	01/02/2021 10:21	GIA report	Received
		Claim Close Date	





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