Claim Handling

Accident MT/1119824

Policy No.	5114274015-01	Vehicle No.	CB7850X	GST Registration No.
Certificate No.	5114274015-01-000004			
Policyholder Name	F1 TRANSPORT			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	91188490	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	03/02/2021 10:30	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	01/02/2021	Time of Accident hh:mm	07:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	Marine Parade Rd, Singapore			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	500.00	
OD Standard Excess	3,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	3000.00	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	03/02/2021 10:32:55 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 186B #02-26	Address 2	BEDOK NORTH STREET 4	Address 3
Address 4	SINGAPORE 462186	Address Type	Singapore address	Post Code
Unit No.	12-372	Related Policy Number	5119833345-01	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TAN BOON KIT	Driver NRIC	S2004431D	Driver DOB
Register Date of Driver License	01/12/1977	Driver Age	69	Driving Experience
Contact No.(Mobile)	97320405	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 237 #07-553	Address 2	TAMPINES STREET 21	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	07-553			
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.		Driver Insurer Compa

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ◉ No

Modification History

Claim 001 **New**

Claim Type *		OD-MX	Insured Name F1 TRANS
Contact No.(Mobile)		91188490	Contact No. (Home)
Email Address			OI Vehicle Number CB7850X
Claim Description		CB7850X / SKE1974B ON 1 Feb 2021	
Preferred Workshop		Insured Liability Not at Fault	
Contact No.		Preferred Repair Option Preferred Workshop, Name unknown	GIA report Received
Finalisation	Yes		
Date Registered		03/02/2021 10:34	Claim Close Date

Report Taken By: LIEW SHAN HUI

☑ Print AK letter

Save | Submit

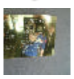
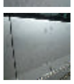
Attachment

Accident No.	MT/1119824	Claim No.	001
Last Doc. Received	(●) Yes ( ) No	Upload Date	03/02/2021 10:34

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	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Feb 2021 10:34	NRIC/ Driving License	Y	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Feb 2021 10:34	SAS		Normal	SAS 2(
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Feb 2021 10:34	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Feb 2021 10:34	Photos		Normal	Photos 2
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Feb 2021 10:34	Photos		Normal	Photos 2

Video List

Uploaded By/Date	Folder Date	File Name	

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