

Claim Handling

Task Transfer

Exit

Accident MT/1119814

LOS

SAL

SUB

Policy No.

5116696126

Certificate No.

Policyholder Name

O.K.T. CONSTRUCTION PTE LTD

Product Code

COMMERCIAL VEHICLE INSURA

Contact No.(Mobile)

94556566

Email Address

KFK

No

Yes

NCD Protection

No

Vehicle No.

GBB5346K

GST Registration No.

Cover Type

Third Party, Fire & Theft

Contact No.(Office)

0

Special Remark

TCA

No

Yes

NCD Entitlement(%)

0

Policyholder NRIC

201314078N

Loading

0

Contact No.(Home)

0

eCode

No

eCode Reason

Private Hire

No

Accident Details

Report Date

03/02/2021 09:36

Date of Accident

01/02/2021

Reporting Centre

NATIONAL ASSESSMENT CENTRE

Accident Location

PIE B4 STEVENS RD EXIT

Accident Report Within 24 hrs

Yes

Time of Accident hh:mm

15:50

Orange Force

No

Accident Type

Chain Collision

Country of Accident

Singapore

ICM No.

Total Excess Applicable

Excess Type

Per Accident

Windscreen Excess

0.00

OD Standard Excess

0.00

YIED OD Excess

0.00

Additional Excess

Total OD Excess Applicable

0.00

TP Standard Excess

0.00

YIED TP Excess

0.00

Total TP Excess Applicable

0.00

Driver is Covered?

Covered

Benefits

GST Registered Information

GST Registered

No

GST Registration No.

Modification History

03/02/2021 09:42:36 System changed GST Status Verified from No to Yes

GST Registration Date

GST Status Verified

Yes

Policyholder Mailing Address

Address 1

24 SIN MING LANE

Address 2

#05-107 MIDVIEW CITY

Address 3

SINGAPORE 573970

Address 4

Address Type

Singapore address

Post Code

573970

Unit No.

05-107

Related Policy Number

5116696126

OI Driver Info

Driver Name

Unnamed Driver

Unnamed driver Name

LEE THIAM CHYE

Register Date of Driver License

07/09/1978

Contact No.(Mobile)

97659515

Address 1

BLK 461

Address 4

Unit No.

#11-79

Does he own a Singapore Registered car?

Yes

No

Driver Type

Unnamed Driver

Driver NRIC

S1445036Z

Driver Age

60

Contact No.(Office)

0

Address 2

CRAWFORD LANE

Address Type

Singapore address

Driver Vehicle No.

Driver DOB

16/11/1960

Driving Experience

42

Contact No.(Home)

0

Address 3

SINGAPORE 190461

Post Code

190461

Driver Insurer Company

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

Yes

No

Modification History

Investigation

Claim 001 OD-MX

New

Claim Case Officer

LOS

SAL

SUB

Claim Type

OD-MX

Contact No.(Mobile)

94556566

Email Address

Claim Description

GBB5346K / GBA3460G ON 1 Feb 2021

Preferred Workshop

Contact No. (Mobile)

Preferred Repair Option

Yes

Preferred Workshop, Name

unknown

Insured Liability report

Not at Fault

Received

Date Registered

03/02/2021 09:50

Report Taken By

ROSLINDA

Print AK letter

☒

Insured Name

O.K.T. CONSTRUCTION PTE LTD

Contact No.(Home)

OI Vehicle Number

GBB5346K

Insured NRIC

201314078N

TP Vehicle Number

GBA3460G

Name of Preferred Workshop

Claim Close Date

Workshop Repairer

Date Received

03/02/2021 00:00

Total Loss but Repaired

Modification History

Special Claim Creation Approval

Approval

Reason

Remarks

Attachment

Attachment List

▼ **Video List**

Display in New Window Scan and uploading