

Claim Handling

Accident MT/1119828

Policy No.	5106667855-01	Vehicle No.	GBA8075C	GST Registration No.	
Certificate No.					
Policyholder Name	CCG LOGISTIC PRIVATE LIMITED			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	93253393	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	
▼ Accident Details					
Report Date	03/02/2021 10:47	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	16/12/2020	Time of Accident hh:mm	20:00	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	LAVENDER STREET				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 300 #08-01	Address 2	CANBERRA ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	08-01	Related Policy Number	5119467289		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN JIE ZHI	Driver NRIC	S9428395G	Driver DOB	
Register Date of Driver License	06/01/2014	Driver Age	26	Driving Experience	
Contact No.(Mobile)	93253393	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 305 #09-59	Address 2	CANBERRA ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	09-59				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					
Claim 001 New					
Claim Type *	OD-MX			Insured Name	CCG LOG
Contact No.(Mobile)	93253393			Contact No. (Home)	
Email Address	GERALDCCG@HIPVAN.COM			OI Vehicle Number	GBA8075
Claim Description	GBA8075C / SHD4422Z ON 16 Dec 2020				
Preferred Workshop		Insured Liability	Not at Fault		
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	03/02/2021 10:51			Claim Close Date	

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Attachment

Accident No.

MT/1119828

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

03/02/2021 10:54

Path \*

Category \*

Confidential

Choose File

No file chosen

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NO

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No file chosen

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NO

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No file chosen

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NO

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Feb 2021 10:54	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Feb 2021 10:54	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Feb 2021 10:54	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Feb 2021 10:54	Photos		Normal	Photos 2
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Feb 2021 10:54	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Feb 2021 10:54	SAS		Normal	SAS 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Feb 2021 10:54	NRIC/ Driving License	Y	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Feb 2021 10:54	NRIC/ Driving License	Y	Normal	NRIC/ Driving L

Video List

Uploaded By/Date	Folder Date	File Name	
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