

Claim Handling

Accident MT/1120037

Policy No.	5076805612-05	Vehicle No.	GZ1967J	GST Registration No.	
Certificate No.					
Policyholder Name	JC AIRCONDITIONING SERVICES			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	98804257	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(%)	10	Private Hire	

▼ Accident Details

Report Date	04/02/2021 17:43	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	03/02/2021	Time of Accident hh:mm	13:12	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	Telok Blangah Rd, Singapore				

▼ 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	04/02/2021 17:45:24 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	80 GENTING LANE	Address 2	#04-08 RUBY INDUSTRIAL COM	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	04-08	Related Policy Number	5076805612-05		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	GOH KWANG YOW	Driver NRIC	S1359829J	Driver DOB	
Register Date of Driver License	18/07/1978	Driver Age	62	Driving Experience	
Contact No.(Mobile)	98804257	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 420 #03-263	Address 2	PASIR RIS DRIVE 6	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	03-263				
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
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Modification History

Claim 001 New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Contact No. Finalisation

Date Registered

Insured Liability

Preferred Repair Option

Insured Liability

Preferred Workshop, Name unknown

GIA report

Received

04/02/2021 17:46

Claim Close Date

OD-MX

Insured Name

JC AIRCC

Contact No. (Home)

OI Vehicle Number

GZ1967J

GZ1967J / GBK1357H ON 3 Feb 2021

