Claim Handling

Accident MT/1120023 Policy No. 5119312976 Vehicle No. GST Registration No. GU2769J Certificate No. Policyholder Name SIN GUAN TECK PTE LTD Policyholder NRIC Product Code Cover Type Loading COMMERCIAL VEHICLE INSURA Preferred Workshop Plan Contact No.(Mobile) 88167693 Contact No.(Office) Contact No.(Home) Special Remark Email Address eCode KFK No Yes No Yes TCA eCode Reason NCD Protection NCD Entitlement(%) Private Hire No Accident Details Accident Report Within 24 hrs Accident Type Report Date 04/02/2021 16:38 Yes Date of Accident 03/02/2021 Time of Accident hh:mm 15:00 Country of Accident Reporting Centre Orange Force ICM No. Accident Location Eunos Link, Singapore Total Excess Applicable Excess Type Per Accident Windscreen Excess 100.00 **OD Standard Excess** 600.00 TP Standard Excess 0.00 YIED OD Excess 0.00 YIED TP Excess 0.00 Driver is Covered? Additional Excess Total OD Excess Applicable 600.00 Total TP Excess Applicable 0.00 Benefits GST Registered Information GST Registered GST Registration Date 28/03/201 Yes GST Registration No. GST Status Verified 201333487N Yes 04/02/2021 16:40:12 System changed GST Registered from No to Yes Modification History 04/02/2021 16:40:12 System changed GST Registration No. from null to 201333487N 04/02/2021 16:40:12 System changed GST Registration Date from null to 28/03/2014 Policyholder Mailing Address Address 2 Address 3 Address 1 1 KAKI BUKIT ROAD 1 #02-45 ENTERPRISE ONE Address Type Address 4 Singapore address Post Code Unit No. Related Policy Number 5119312976 02-45 OI Driver Info Unnamed Driver Unnamed Driver Driver Name Driver Type NG CHENG LEE Driver NRIC Driver DOB Unnamed driver Name SXXXX653A Register Date of Driver License 20/10/2008 Driving Experience Driver Age 43 Contact No.(Mobile) 88167693 Contact No.(Office) Contact No.(Home) Address 1 BLK 130 #10-388 Address 2 LORONG AH SOO Address 3 Address 4 Address Type Singapore address Post Code Unit No. 10-388 Does he own a Singapore Registered car? Yes No Driver Vehicle No. Driver Insurer Compa Declaration Breathalyser or Blood Test 0 mg Any injury? Yes \(\) No Modification History Claim 001 Insured Name Claim Type * OD-MX SIN GUAI Contact Contact No.(Mobile) NIL No. (Home) OI Email Address Vehicle GU2769J Number Claim Description GU2769J / GU6713T ON 3 Feb 2021 Preferred Insured Liability Not at Fault Workshop Preferered Regulation Yes GIA ▼ Repair Option Preferred Workshop, Name unknown Received Date Registered 04/02/2021 16:41 Close

Report Taken By

LIEW SHAN HUI

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Save Submit Attachment Accident No. Claim No. MT/1120023 001 Last Doc. Received O Yes O No Upload Date 04/02/2021 16:42 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 NO Clear Please Select Choose File No file chosen Clear Please Select NO Choose File No file chosen Please Select NO Clear Choose File No file chosen Clear Please Select NO Attachment List Attachment Uploaded By/Date Category Urgency Descr I line NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Feb 2021 16:42 NRIC/ Driving License Normal NRIC/ Driving L NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Feb 2021 16:42 SAS SAS 20 Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal Photos 2 04 Feb 2021 16:42 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Feb 2021 16:42 Photos Normal Photos 2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal Photos 2 04 Feb 2021 16:41 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Feb 2021 16:41 Photos Normal Photos 2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Feb 2021 16:41 Photos Normal Photos 2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal Photos 2 04 Feb 2021 16:41 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal Photos 2 04 Feb 2021 16:41 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal Photos 2 04 Feb 2021 16:41 Video List Uploaded By/Date Folder Date File Name

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