

Claim Handling

Accident MT/1119230

Policy No.	5114430353-01	Vehicle No.	GBF5748M	GST Registration No.	
Certificate No.					
Policyholder Name	MODERN POOLS PTE. LTD.			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	NA	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	29/01/2021 15:08	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	28/01/2021	Time of Accident hh:mm	17:00	Country of Accident	
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	JUNCTION OF KAKI BUKIT RD 2 AND KAKI BUKIT AVE 2				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	16/04/201
GST Registration No.	200908897H	GST Status Verified	Yes
Modification History	29/01/2021 15:09:23 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	15 SHAW ROAD	Address 2	#08-01 TEO INDUSTRIAL BUILI	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5114430353-01		

OI Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp:	

Modification History

Modification History	
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Claim 002 New

Claim Type *	OD-MX	Insured Name	MODERN
Contact No.(Mobile)		Contact No. (Home)	6283718
Email Address	modernpl@singnet.com	OI Vehicle Number	GBF5748
Claim Description	GBF5748M / SKR6219Y ON 28 Jan 2021		
Preferred Workshop		Insured Liability	Fully at Fault
Benefit No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By	SHAN HUI	Claim Close Date	08/02/2021 10:35
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. MT/1119230 Claim No. 002
Last Doc. Received Yes No Upload Date 08/02/2021 10:35

Form with fields for Path, Category, and Confidentiality, including 'Choose File' buttons and dropdown menus.

Attachment List

Table with columns: Attachment, Uploaded By/Date, Category, Urgency, and Descr. Contains 6 rows of attachment details.

Video List

Table with columns: Uploaded By/Date, Folder Date, File Name. Includes buttons for 'Display in New Window' and 'Scan and uploading'.