## **Claim Handling** Accident MT/1120307 Policy No. Vehicle No. GST Registration No. 5116753411 GBK2731D Certificate No. Policyholder Name KSB INTEGRATED SERVICES PTE. LTD. Policyholder NRIC Product Code Cover Type Loading COMMERCIAL VEHICLE INSURA Preferred Workshop Plan Contact No.(Mobile) 91872715 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode KFK No Yes No Yes TCA eCode Reason NCD Protection NCD Entitlement(%) 15 Private Hire No Accident Details Accident Report Within 24 hrs Accident Type Report Date 08/02/2021 11:48 Yes Date of Accident 06/02/2021 Country of Accident Time of Accident hh:mm 10:00 Reporting Centre Orange Force ICM No. Accident Location MELVILLE PARK GUARDHOUSE PARKING AREA Total Excess Applicable Excess Type Per Accident Windscreen Excess 100.00 **OD Standard Excess** 600.00 TP Standard Excess 0.00 YIED OD Excess 1000.00 YIED TP Excess 0.00 Driver is Covered? Additional Excess Total OD Excess Applicable 1600.00 Total TP Excess Applicable 0.00 Benefits GST Registered Information GST Registered GST Registration Date 01/08/201 Yes GST Registration No. GST Status Verified 201211528K Yes 08/02/2021 11:51:03 System changed GST Registered from No to Yes Modification History 08/02/2021 11:51:03 System changed GST Registration No. from null to 201211528K 08/02/2021 11:51:03 System changed GST Registration Date from null to 01/08/2012 Policyholder Mailing Address 10 KAKI BUKIT AVENUE 4 Address 2 Address 3 Address 1 #08-66 PREMIER @ KAKI BUKI Address Type Singapore address Address 4 Post Code Unit No. Related Policy Number 16-127 5116753411 OI Driver Info Unnamed Driver Driver Name Unnamed Driver Driver Type RAJANGAM ASAITHAMBI Driver NRIC G7537306L Driver DOB Unnamed driver Name Register Date of Driver License 17/10/2019 Driving Experience Driver Age 38 Contact No.(Mobile) 89296249 Contact No.(Office) Contact No.(Home) Address 1 67 # KAKI BUKIT INDUSTRIAL Address 2 SINGAPORE 416147 Address 3 Address 4 Address Type Singapore address Post Code Unit No. 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 KSB INTE Claim Type \* OD-MX Contact Contact No.(Mobile) No. (Home) Email Address Vehicle GBK2731 Claim Description GBK2731D / SLW4527H ON 6 Feb 2021 Preferred Insured Liability Not at Fault Workshop Preferered GIA Regulate No. Finalisation Repair Option

Date Registered

Preferred Workshop, Name unknown

Received

Claim

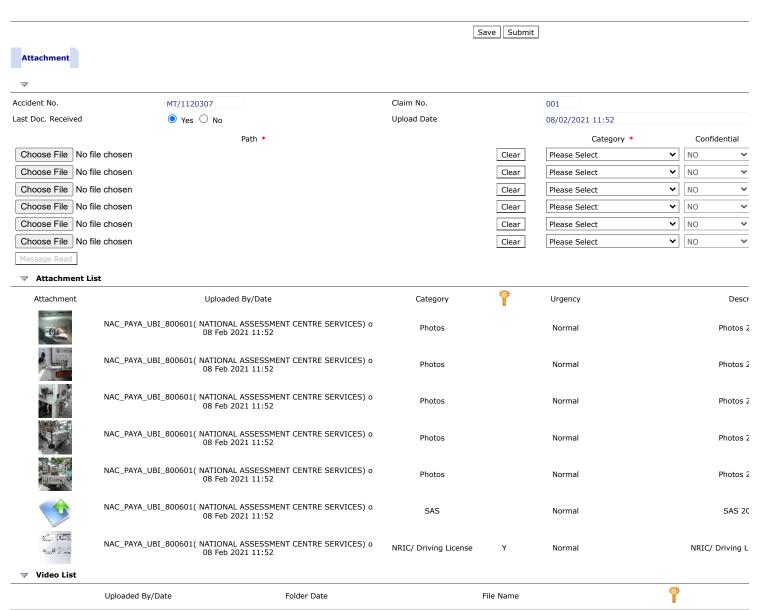
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