

Claim Handling

Accident MT/1120494

Policy No.	5119176505	Vehicle No.	GBK5887T	GST Registration No.
Certificate No.				
Policyholder Name	BLESSING PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Preferred Workshop Plan	Loading
Contact No.(Mobile)	93829854	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	09/02/2021 08:39	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	06/02/2021	Time of Accident hh:mm	09:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	SLE TOWARDS CTE BEFORE WOODLANDS AVE 12 EXIT			

▼ 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	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	11 WOODLANDS CLOSE	Address 2	#07-41 WOODLANDS 11	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	07-41	Related Policy Number	5119176505	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	JEEVAMUTHU JOHNSON	Driver NRIC	S71637231	Driver DOB
Register Date of Driver License	24/09/2010	Driver Age	49	Driving Experience
Contact No.(Mobile)	93829854	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 668 #02-345	Address 2	WOODLANDS RING ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-345			
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

Not at Fault

Preferred Workshop, Name unknown

GIA report

Received

09/02/2021 08:48

Claim Close Date

OD-MX

Insured Name

BLESSING

NIL

Contact No. (Home)

OI Vehicle Number

GBK5887

GBK5887T / SMX4940E ON 6 Feb 2021

