Claim Handling

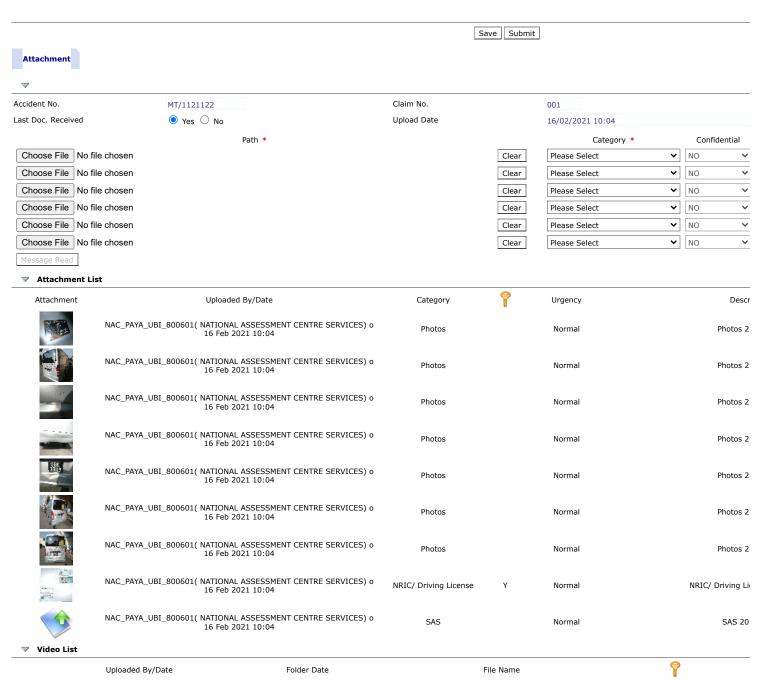
Accident MT/1121122

Policy No.	5113047505-01	Vehicle No.	GBK3311B	GST Registration No.
Certificate No.				
Policyholder Name	PINKO PRINT PTE. LTD.			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Preferred Workshop Plan	Loading
Contact No.(Mobile)	92966056	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	No	TCA	No	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire
▼ Accident Details		, ,		
Report Date	16/02/2021 09:59	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/02/2021	Time of Accident hh:mm	16:20	Country of Accident
Reporting Centre	13/02/2021	Orange Force	10.20	ICM No.
Accident Location	JURONG WEST AVE 2	Orange Force		Territo.
	JUROING WEST 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?
	1000.00	TIED IF Excess	0.00	Driver is covered:
Additional Excess				
Total OD Excess Applicable	1600.00	Total TP Excess Applicable	0.00	
▼ Benefits				
▼ GST Registered Informa	tion			
GST Registered	Yes		GST Registration Date	01/07/201
GST Registration No.	201210497W		GST Status Verified	Yes
Modification History	16/02/2021 10:02:41 Sy	ystem changed GST Registered from No to \ ystem changed GST Registration No. from n	null to 201210497W	
	16/02/2021 10:02:41 Sy	ystem changed GST Registration Date from	null to 01/07/2015	
▼ Policyholder Mailing Add	lress			
Address 1	16 KALLANG PLACE	Address 2	#01-33	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-33	Related Policy Number	5113047505-01	
OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LEONG ALYU	Driver NRIC	G6686303X	Driver DOB
Register Date of Driver License	30/08/2019	Driver Age	29	Driving Experience
Contact No.(Mobile)	88665686	Contact No.(Office)		Contact No.(Home)
Address 1	27 JALAN JITONG	Address 2	# SELETAR HILLS ESTATE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		,,,,	3.6.	
Does he own a Singapore	○ Yes ♠ Ne	Driver Vehicle No		Driver Incurer Comp
Registered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Comp
Declaration Blood Test				
Breathalyser or Blood Test Reading?	0 mg	Any injury?		
Modification History				
Produited for Firstory				
Claim 001 New				
Claim Type *			OD-MX	✓ Insured Name PINKO PI
				Contact
Contact No.(Mobile)				No. (Home)
				OI
Email Address				Vehicle GBK3311 Number
Claim Description			GBK3311B / SKT7	7553P ON 15 Feb 2021
Preferred	Insured Liability Not at			
Workshop Registrical Yes	Preferered Preferred Worksho	GIΔ	i v	
Finalisation Les	Option Preferred Worksho	report report		Claim
Date Registered			16/02/2021 10:04	4 Close Date

Report Taken By

SHAN HUI

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