

Claim Handling

Accident MT/1121292

|                     |                                                               |                     |                                                               |                      |            |
|---------------------|---------------------------------------------------------------|---------------------|---------------------------------------------------------------|----------------------|------------|
| Policy No.          | 5109792828-01                                                 | Vehicle No.         | SJK4397C                                                      | GST Registration No. |            |
| Certificate No.     | 5109792828-01-000009                                          |                     |                                                               |                      |            |
| Policyholder Name   | SHL MOTOR PTE. LTD.                                           |                     |                                                               | Policyholder NRIC    | 201611814M |
| Product Code        | FLEET MASTER INSURANCE                                        | Cover Type          | Third Party                                                   | Loading              | 0          |
| Contact No.(Mobile) | 0                                                             | Contact No.(Office) | 62826184                                                      | Contact No.(Home)    | 0          |
| Email Address       |                                                               | Special Remark      |                                                               | eCode                | No         |
| 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(%)  | 0                                                             | Private Hire         | Yes        |

▼ Accident Details

|                   |                               |                               |       |                     |            |
|-------------------|-------------------------------|-------------------------------|-------|---------------------|------------|
| Report Date       | 17/02/2021 09:51              | Accident Report Within 24 hrs | Yes   | Accident Type       | Side Swipe |
| Date of Accident  | 10/02/2021                    | Time of Accident hh:mm        | 15:45 | Country of Accident | Singapore  |
| Reporting Centre  |                               | Orange Force                  |       | ICM No.             |            |
| Accident Location | GRANGE RD JUNC OF SOMERSET RD |                               |       |                     |            |

▼ Total Excess Applicable

|                            |              |                            |          |                    |         |
|----------------------------|--------------|----------------------------|----------|--------------------|---------|
| Excess Type                | Per Accident | Windscreen Excess          |          |                    |         |
| OD Standard Excess         |              | TP Standard Excess         | 1,500.00 |                    |         |
| YIED OD Excess             | 0.00         | YIED TP Excess             | 0.00     | Driver is Covered? | Covered |
| Additional Excess          | 0.00         |                            |          |                    |         |
| Total OD Excess Applicable | 0.00         | Total TP Excess Applicable | 1,500.00 |                    |         |

▼ Benefits

▼ GST Registered Information

|                      |    |                       |     |
|----------------------|----|-----------------------|-----|
| GST Registered       | No | GST Registration Date |     |
| GST Registration No. |    | GST Status Verified   | Yes |
| Modification History |    |                       |     |

▼ Policyholder Mailing Address

|           |                 |                       |                            |           |                  |
|-----------|-----------------|-----------------------|----------------------------|-----------|------------------|
| Address 1 | 51 UBI AVENUE 1 | Address 2             | #01-09 PAYA UBI INDUSTRIAL | Address 3 | SINGAPORE 408933 |
| Address 4 |                 | Address Type          | Singapore address          | Post Code | 408933           |
| Unit No.  | 01-09           | Related Policy Number | 5115995291-01              |           |                  |

▼ OI Driver Info

|                                         |                                                               |                     |                   |                        |                  |
|-----------------------------------------|---------------------------------------------------------------|---------------------|-------------------|------------------------|------------------|
| Driver Name                             | Unnamed Driver                                                | Driver Type         | Unnamed Driver    |                        |                  |
| Unnamed driver Name                     | AHMAD SUYUTI BIN AHMA SUL                                     | Driver NRIC         | S7625127D         | Driver DOB             | 20/08/1976       |
| Register Date of Driver License         | 16/08/1996                                                    | Driver Age          | 44                | Driving Experience     | 24               |
| Contact No.(Mobile)                     | 91076319                                                      | Contact No.(Office) | 0                 | Contact No.(Home)      | 0                |
| Address 1                               | BLK 478                                                       | Address 2           | SEGAR ROAD        | Address 3              | SINGAPORE 670478 |
| Address 4                               |                                                               | Address Type        | Singapore address | Post Code              | 670478           |
| Unit No.                                | #05-396                                                       |                     |                   |                        |                  |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.  |                   | Driver Insurer Company |                  |

Declaration

|                                     |      |             |                                                               |
|-------------------------------------|------|-------------|---------------------------------------------------------------|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---------------------------------------------------------------|

Modification History

Claim 001 OD-MX New

|                          |                                   |                         |                                  |                         |          |
|--------------------------|-----------------------------------|-------------------------|----------------------------------|-------------------------|----------|
| Claim Type *             | OD-MX                             | Insured Name            | SHL MOTOR PTE. LTD.              | Insured NRIC            |          |
| Contact No.(Mobile)      |                                   | Contact No. (Home)      |                                  | Contact No. (Office)    |          |
| Email Address            |                                   | Vehicle Number          | SJK4397C                         | TP Vehicle Number       |          |
| Claim Description        | SJK4397C / SG3061S ON 10 Feb 2021 |                         |                                  |                         |          |
| Preferred Workshop       |                                   | Insured Liability       | Not at Fault                     |                         |          |
| Contact No. Finalisation | Yes                               | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report              | Received |
| Date Registered          |                                   | Claim Close Date        | 17/02/2021 09:59                 | Date Received           |          |
| Report Taken By          |                                   | Workshop Repairer       | ROSLINDA                         | Total Loss but Repaired |          |

☒ Print AK letter

Save Submit

Attachment

2/17/2021

Claim Handling(accident reporting Claim Task 001 OD-MX)

Last Doc. Received

Yes

No

Upload Date

17/02/2021 00:00

Path \*

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Message Read

Category \*

Confidential

Urgency \*

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Attachment List

Attachment

Uploaded By/Date

Category

Urgency

Description

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2021 09:58

NRIC/ Driving License

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NRIC/ Driving License 2021-2-17

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Photos

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Photos 2021-2-17

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading

https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do?style=1&saction=&odOrTp=1&isWorkshop=&regCheck=1&taskInstanceId=277130143... 2/2