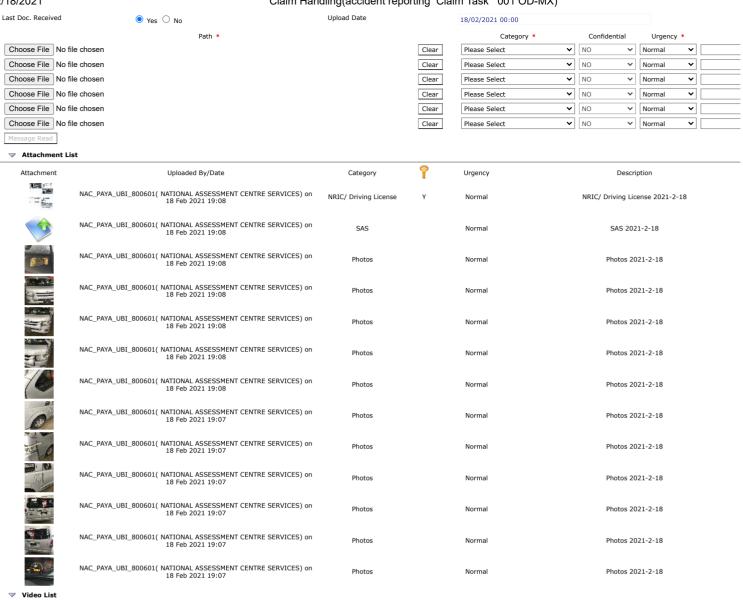
## Claim Handling

Accident MT/1121554						
Policy No.	5075291347-05	Vehicle No.	PC4215R	GST Regist	tration No.	
Certificate No.						
Policyholder Name	DARSTA TRANSPORT			Policyholde	er NRIC	53158302C
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	Loading	
Contact No.(Mobile)	94274324	Contact No.(Office)	0	Contact No	o.(Home)	0
Email Address		Special Remark		eCode		No 🗸
KFK	No	TCA	No Yes	eCode Rea	son	
NCD Protection	No	NCD Entitlement(%)	20	Private Hir	e	No
▼ Accident Details						
Report Date	18/02/2021 19:02	Accident Report Within 24 hrs	Yes	Accident T	ype	Collision - Change
Date of Accident	17/02/2021	Time of Accident hh:mm	15:00	Country of	Accident	Singapore
Reporting Centre		Orange Force		ICM No.		
Accident Location	WOODLANDS AVE 9 TWDS WOODLANDS A	VE 2				
<b>▼ Total Excess Applicable</b>						
Excess Type	Per Accident	Windscreen Excess	100.00	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00			Covered
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is C	overed?	
Additional Excess						
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00			
▼ Benefits						
	tion					
GST Registered	No		GST Registration Date			
GST Registration No.			GST Status Verified	erified Yes		
Modification History	18/02/2021 19:06:18 Sys	stem changed GST Status Verified from No	to Yes			
▼ Policyholder Mailing Add	ress					
Address 1	19 SENOKO LOOP #03-02	Address 2	SINGAPORE 758169	Address 3	Address 3	
Address 4		Address Type	Singapore address	Post Code	Post Code	
Unit No.		Related Policy Number	5077790138-05			
▼ OI Driver Info						
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	TAMILSELVAN S/O ROBERT	Driver NRIC	S8701255G	Driver DO	Driver DOB	
Register Date of Driver License	21/04/2012	Driver Age	34	Driving Ex	perience	8
Contact No.(Mobile)	94274324	Contact No.(Office)	0	Contact No	o.(Home)	0
Address 1	BLK 780F	Address 2	WOODLANDS CRESCENT	Address 3		WOODLANDS DE
Address 4	SINGAPORE 736780	Address Type	Singapore address	Post Code		736780
Unit No.	#03-103					
Does he own a Singapore	Yes No	Driver Vehicle No.		Driver Insu	Driver Insurer Company	
Registered car?						
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No			
Modification History						
Claim 001 OD-MX New						
				▼ Insured Name		Insured
Claim Type *			OD-MX	Name Contact	DARSTA TRANSPOR	NRIC Contact
Contact No.(Mobile)			91662722	No. (Home)		No. (Office)
Email Address				OI Vehicle	PC4215R	TP Vehicle
				Number		Number Name of
Claim Description			PC4215R / GE	3E3504T ON 17 Feb 2021		Preferred Worksho
Preferred Workshop	Insured Liability Not at Fo	ault 🗸				
Workshop Renterer No. Finalisation	▼ Repair Preferred Workshop		· •	CI :		
Date Registered	Option	- Tepore	18/02/2021 1	19:08 Claim Close		Date Received
				Date		Total Los
Report Taken By			ROSLINDA	Workshop Repairer		but Repaired
Print AK letter						
			Save Submit			
			Save   Submit			
Attachment						
₩						
Accident No.	MT/1121554	Claim No.	001			



File Name

Folder Date

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