Claim Handling

Accident MT/1121546								
Policy No.	5111805590-01	Vehicle No.	GBD3352U		GST Registration No.			
Certificate No.								
Policyholder Name	YAGO SERVICES PTE LTD				Policyhold	er NRIC	201424	1242C
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive		Loading		0	
Contact No.(Mobile)	90045466	Contact No.(Office)	0		Contact No.(Home)		0	
Email Address		Special Remark			eCode		No 🗸	
KFK	No	TCA	No Yes		eCode Rea	ison		
NCD Protection	No	NCD Entitlement(%)	15		Private Hir	re	No	
Accident Details								
Report Date	18/02/2021 18:24	Accident Report Within 24 hrs	Yes		Accident T	ype	Collision	n - Head to
Date of Accident	18/02/2021	Time of Accident hh:mm	09:00		Country of	Accident	Singapo	ore
Reporting Centre		Orange Force			ICM No.			
Accident Location	KPE EXIT AIRPORT RD	-						
▼ Total Excess Applicable								
Excess Type	Per Accident	Windscreen Excess	100.0	0				
			10010					
OD Standard Excess	600.00	TP Standard Excess	0.0	0				
YIED OD Excess	0.00	YIED TP Excess	0.0	0	Driver is C	lovered?	Covered	d
Additional Excess								
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.0	0				
▼ Benefits								
	ion							
GST Registered	No		GST Registration Date	<u> </u>				
GST Registration No.			GST Status Verified			Yes		
Modification History								
▼ Policyholder Mailing Add	ress							
Address 1	71 UBI ROAD 1	Address 2	#10-39 OXLEY BIZHUB		Address 3		SINGA	PORE 4087:
Address 4		Address Type	Singapore address		Post Code		408732	2
Unit No.	10-39	Related Policy Number	5119548869					
▼ OI Driver Info								
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver					
Unnamed driver Name	GOH LAY YIAN(WU LIYAN)	Driver NRIC	S7208548E		Driver DOB		07/03/	1972
Register Date of Driver License	10/11/1995	Driver Age	48		Driving Experience		25	
Contact No.(Mobile)	96511242	Contact No.(Office)	0		Contact No.(Home)		0	
Address 1	BLK 121	Address 2	RIVERVALE DRIVE		Address 3			/ALE BANK
Address 4	SINGAPORE 540121	Address Type	Singapore address		Post Code		540121	
Unit No.	#05-418	Address Type	Singapore address		rost code		340121	
Does he own a Singapore						_		
Registered car?	◯ Yes ⊚ No	Driver Vehicle No.		Driver I		urer Company		
Declaration								
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No					
Modification History								
Claim 001 OD-MX New	1							
					Incured			Insured
Claim Type *			OD-MX	~	Insured Name	YAGO SERVICES P	TE LTD	NRIC
Contact No.(Mobile)			90045466	6	Contact No.			Contact No.
Contact No.(Nobile)			90043466	5	(Home)			(Office)
Email Address					OI Vehicle	GBD3352U		TP Vehicle
					Number			Number
Claim Description			GBD3352	U / SJX7800S ON 18 F	eb 2021			Name of Preferred
Droforrod								[™] Workshop
Preferred Workshop	Insured Liability Not at Fa							
Workshop हैश्रासंह No. Finalisation	Repair Option Preferred Workshop	, Name unknown V GIA report Received	~		Claim			¬ Date
Date Registered			18/02/20	21 18:36	Close Date			Received
					Workshop			Total Loss
Report Taken By			ROSLIND	A	Repairer			but Repaired
								.,
Print AK letter								
			Save Culturality					
			Save Submit					
Attachment								
₩								
Accident No.	MT/1121546	Claim No.	001					

