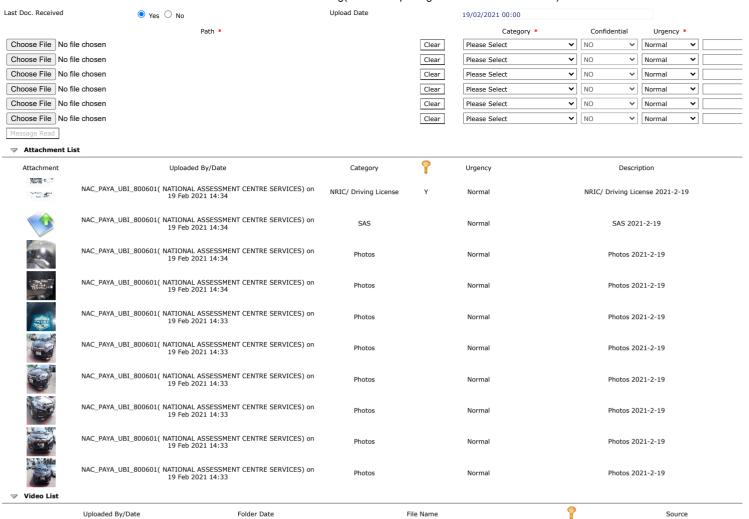
Claim Handling

Accident MT/1121631						
Policy No.	5110923222-01	Vehicle No.	SLS5455X	GST Re	egistration No.	
Certificate No.	5110923222-01-000025					
Policyholder Name	BENEFIT AUTO			Policyh	older NRIC	53121670E
Product Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Loading	3	0
Contact No.(Mobile)	0	Contact No.(Office)	64444313	Contac	t No.(Home)	0SLH
Email Address		Special Remark		eCode		No 🗸
KFK	No	TCA	No Yes	eCode	Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private		Yes
▼ Accident Details	No	neb Endement(70)	U	, , , , , , , , , , , , , , , , , , ,		105
Report Date	10/02/2021 11 20	Accident Report Within 24 hrs	Yes	Assida	at Tupo	Collision - Head to
	19/02/2021 14:28			Accider		
Date of Accident	14/02/2021	Time of Accident hh:mm	14:30		y of Accident	Singapore
Reporting Centre		Orange Force		ICM No	•	
Accident Location	TAMPINES AVE 2 JUNC OF TAMPINES ST	11				
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess	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 i	Driver is Covered?	
Additional Excess	0.00					
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		Yes	
Modification History						
Policyholder Mailing Add	ress					
Address 1	2 SIMS CLOSE	Address 2	#01-08 GEMINI @ SIMS	Address	Address 3	
Address 4		Address Type	Singapore address	Post Co	ode	387298
Unit No.		Related Policy Number	5095864980-03			
▼ OI Driver Info						
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	REIKO MIYANO	Driver NRIC	S6862218B	Driver	Driver DOB	
Register Date of Driver License	15/08/2006	Driver Age	52	Driving	Driving Experience	
Contact No.(Mobile)	92951308	Contact No.(Office)	0	Contac	Contact No.(Home)	
Address 1	BLK 103	Address 2	TAMPINES STREET 11	Address	s 3	SINGAPORE 5201
Address 4		Address Type	Singapore address	Post Co	ode	520103
Unit No.	#10-31					
Does he own a Singapore	Yes No	Driver Vehicle No.		Driver	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	d	Insured
Claim Type *			OD-MX	Name	BENEFIT AUTO	NRIC
Contact No.(Mobile)			94247885	Contac No.	t	Contact No.
			31217003	(Home)	(Office)
Email Address			10BENEET	OI TAUTO@GMAIL.COM Vehicle	SLS5455X	TP Vehicle
				Numbe		Number
Claim Description			SLS5455X	/ SLH7131A ON 14 Feb 2021		Name of Preferred
Durfannad						Worksho
Preferred Workshop Rentike No. Yes		at Fault				
Finalisation Yes		op, Name unknown V GIA report Received	<u> </u>	Claim		
Date Registered	οριίοι		19/02/202			Date Received
				Worksk	200	Total Los
Report Taken By			ROSLINDA	Worksh Repaire	er	but Repaired
						Керинеи
Print AK letter						
			Save Submit			
Attachment						
. teachinelit						
abla						
Accident No.	MT/1121631	Claim No.	001			
	,		001			



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