## **Claim Handling**

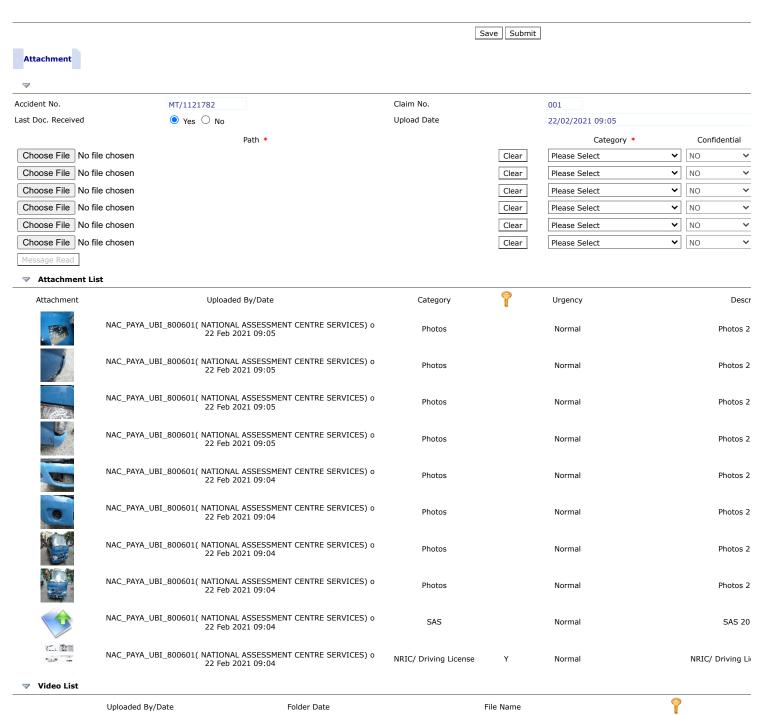
## Accident MT/1121782

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Policy No.	5113096375-01		Vehicle No.	GBA1111C	GST Registration No.	
Certificate No.	5113096375-01-000005					
Policyholder Name	GUAN SING EGGS				Policyholder NRIC	
Product Code	FLEET MASTER INSURANCE		Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	69701691		Contact No.(Office)		Contact No.(Home)	
Email Address			Special Remark		eCode	
KFK	No Yes		TCA	No	eCode Reason	
NCD Protection	D Protection No		NCD Entitlement(%)	0	Private Hire	
Accident Details						
Report Date	22/02/2021 09:01		Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	19/02/2021		Time of Accident hh:mm	09:00	Country of Accident	
Reporting Centre			Orange Force		ICM No.	
Accident Location	THOMSON ROAL	D, ENTRANCE OF CARPARI	<			
<b>▼</b> Total Excess Applicable						
Excess Type	Per Accident		Windscreen Excess	100.00		
OD Standard Excess	600.00		TP Standard Excess	0.00		
YIED OD Excess	0.00		YIED TP Excess	0.00	Driver is Covered?	
Additional Excess						
Total OD Excess Applicable		600.00	Total TP Excess Applicable	0.00		
▼ Benefits						
<b>▽</b> GST Registered Information	tion					
GST Registered	Yes			GST Registration Date	25/03/200	
GST Registration No.	199608904K			GST Status Verified	Yes	
Modification History						
▼ Policyholder Mailing Add	Iress					
Address 1	1 LIM CHU KANG LANE 9A		Address 2	SINGAPORE 718845	Address 3	
Address 4			Address Type	Singapore address	Post Code	
Unit No.			Related Policy Number	5113096375-01		
<b>▽</b> OI Driver Info						
Driver Name	Unnamed Driver		Driver Type	Unnamed Driver		
Unnamed driver Name	WANG ZIFENG		Driver NRIC	G7923418X	Driver DOB	
Register Date of Driver License	12/12/2016		Driver Age	34	Driving Experience	
Contact No.(Mobile)	94655410		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 157 #12-573		Address 2	BEDOK SOUTH AVENUE 3	Address 3	
Address 4			Address Type	Singapore address	Post Code	
Unit No.	12-573					
Does he own a Singapore	Yes No		Driver Vehicle No.		Driver Insurer Comp	
Registered car?						
Declaration						
Breathalyser or Blood Test	0		A	O.V. O.N.		
Reading?	0 mg		Any injury?	◯ Yes ⊚ No		
Modification History						
Claim 001 New						
Claim Time				OD MY	Insured CHAN ST	
Claim Type *				OD-MX	Name GOAN SI	
Contact No.(Mobile)					Contact No.	
					(Home)	
Email Address					Vehicle GBA1111	
				_	Number	
Claim Description				GBA1111C / SG	R5174X ON 19 Feb 2021	
Preferred		Incured Liability				
Workshop	Prefer		GIΔ	4 4		
Finalisation Finalisation	<b>∨</b> Repai Option		p, Name unknown report Received		Claim	
Date Registered				22/02/2021 09:	04 Close Date	

Report Taken By

HUI ZHEN

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