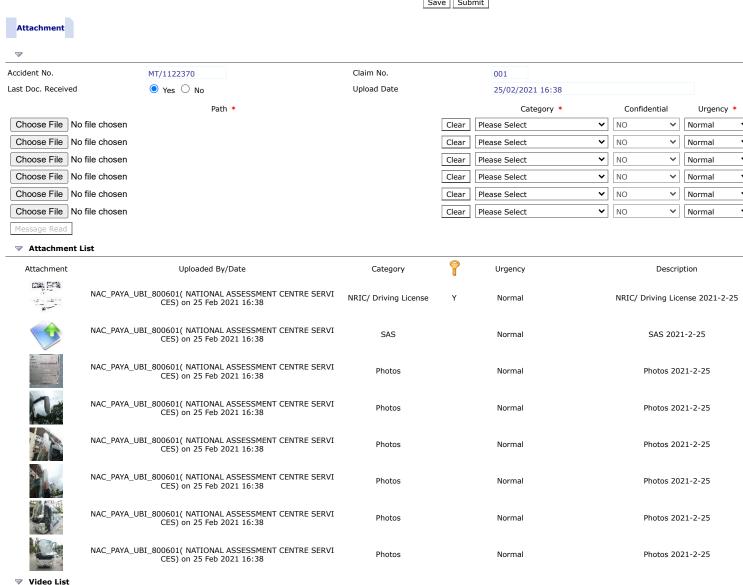
Claim Handling

Accident MT/1122370

Accident MT/1122370						
Policy No.	5113086771-01		Vehicle No.	PC5335X	GST Registration No.	
Certificate No.	5113086771-01-000006	5				
Policyholder Name	KS TRANSPORT SERVICE				Policyholder NRIC	53
roduct Code	FLEET MASTER INSURAN	NCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	96161733		Contact No.(Office)		Contact No.(Home)	
Email Address			Special Remark		eCode	No
KFK	No Yes		TCA	No Yes	eCode Reason	
NCD Protection	No		NCD Entitlement(%)	0	Private Hire	No
▼ Accident Details						
Report Date	25/02/2021 16:34		Accident Report Within 24 hrs	Yes	Accident Type	Sid
Date of Accident	24/02/2021		Time of Accident hh:mm	06:30	Country of Accident	Sin
Reporting Centre			Orange Force		ICM No.	
accident Location	Boon Lay Way, Singapore	re	<u>-</u>			
▼ Total Excess Applicable						
excess Type	Per Accident		Windscreen Excess	500.00		
	r or moduleric		Williadd Coll Excess	500.00		
DD Standard Excess	3,	,000.00	TP Standard Excess	1,500.00		
TED OD Excess	-,	0.00	YIED TP Excess	0.00	Driver is Covered?	Cov
dditional Excess						
otal OD Excess Applicable	3	000.00	Total TP Excess Applicable	1,500.00		
▼ Benefits	3	.000.00	Total III Excess Applicable	1,500.00		
▼ GST Registered Informa	ation					
ST Registered	No			GST Registration Date		
ST Registered	140			GST Status Verified	Yes	
lodification History						
Policyholder Mailing Add	dress					
ddress 1	BLK 234A #10-285		Address 2	SUMANG LANE	Address 3	MA
ddress 4	SINGAPORE 821234		Address Type	Singapore address	Post Code	82
Init No.			Related Policy Number	5113086771-01		
▽ OI Driver Info			,			
Priver Name	Unnamed Driver		Driver Type	Unnamed Driver		
Innamed driver Name	ZHANG BIN		Driver NRIC	S7464753G	Driver DOB	21
egister Date of Driver License			Driver Age	46	Driving Experience	10
Contact No.(Mobile)	96815707		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 97 #06-42		Address 2	JALAN DUA	Address 3	KA
Address 4	SINGAPORE 390097		Address Type	Singapore address	Post Code	39
Init No.			Address Type	Singapore address	i ost code	39
Does he own a Singapore	06-42 Yes No		Driver Vehicle No.		Driver Insurer Company	
legistered car?	J					
eclaration reathalyser or Blood Test	0.ma		Apurinium 2	Voc. No.		
Reading?	0 mg		Any injury?	Yes No		
odification History						
Claim 001 New						
laim Type *	OD-MX	~	Insured Name	KS TRANSPORT SERVICE	Insured NRIC	53
ontact No.(Mobile)	96161733		Contact No.(Home)	63461523	Contact No.(Office)	NI
			OI Vehicle Number	PC5335X	TP Vehicle Number	PA
mail Address	PC5335X / PA7067S ON	24 Feb 2021			Name of Preferred Workshop	Ė
			Insured Liability *	Not at Fault		_
laim Description	. 65555, 7 1717 667 5 611	l l		Not at Fault		
laim Description referred Workshop Contact o.					1	
laim Description referred Workshop Contact o.	Yes	<u> </u>	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	R
Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered		v		Preferred Workshop, Name unknown	GIA report Date Received	_
Claim Description Preferred Workshop Contact Io. Lequire Finalisation	Yes	v	Preferered Repair Option	Preferred Workshop, Name unknown		25

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