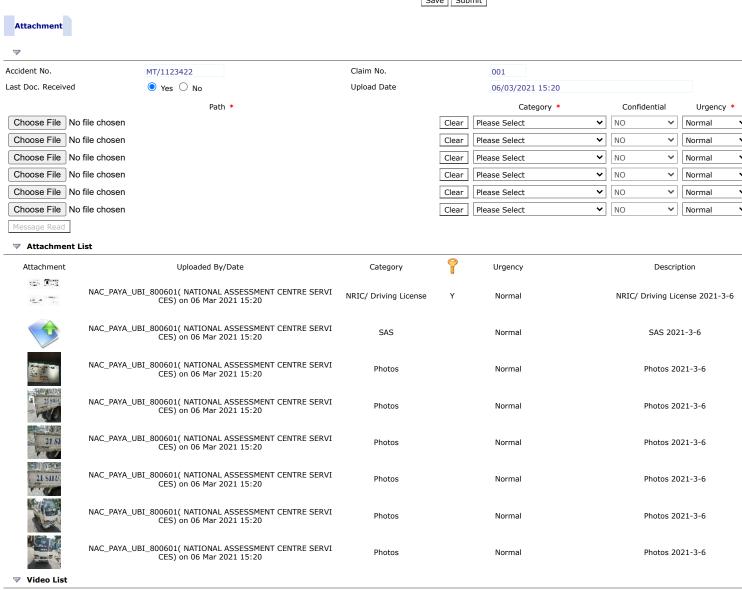
## **Claim Handling**

## Accident MT/1123422

Policy No.	5116734318	Vehicle No.	GV8636P	GST Registration No.	
Certificate No. Policyholder Name	21 SHUTTERS PTE LTD			Policyholder NRIC	200
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	64452121	Contact No.(Office)	Time Tarty	Contact No.(Home)	U
Email Address	04432121	Special Remark		eCode	No
KFK	No  Yes	TCA	No Yes	eCode Reason	140
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
▼ Accident Details	NO	NCD Enddement(70)	20	Trivate Tille	110
	05 (00 (000) 15 15	Assident Depart Within 24 has	V	Assident Ture	C-11
Report Date	06/03/2021 15:16	Accident Report Within 24 hrs	Yes	Accident Type	Coll
Date of Accident	03/03/2021	Time of Accident hh:mm	14:00	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	61 Robinson Rd, Singapore 068893				
<b>▼ Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Cov
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
▼ Benefits					
<b>▼ GST Registered Informa</b>	tion				
GST Registered	Yes		GST Registration Date	23/08/2004	
GST Registration No.	200402960M		GST Status Verified	Yes	
Modification History	06/03/2021 15:19:14 Sy	stem changed GST Registered from N stem changed GST Registration No. fi stem changed GST Registration Date	rom null to 200402960M		
▼ Policyholder Mailing Add					
Address 1	3018 BEDOK NORTH ST 5	Address 2	#03-12 EASTLINK	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	486
Unit No.		Related Policy Number	5098717175-03		
<b>▽</b> OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KAMAL MD MOSTOFA	Driver NRIC	G6561053T	Driver DOB	21/
Register Date of Driver License	17/11/2014	Driver Age	34	Driving Experience	6
Contact No.(Mobile)	81446124	Contact No.(Office)		Contact No.(Home)	
Address 1	3018 BEDOK NORTH STREET 5	Address 2	#03-12 EASTLINK	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	486
Unit No.	03-12				
Does he own a Singapore Registered car?	○ Yes   No	Driver Vehicle No.		Driver Insurer Company	
-					
Declaration  Breathalyser or Blood Test					
Reading?	0 mg	Any injury?	Yes No		
Modification History					
Claim 001 New					
Claim Type *	OD-MX 🗸	Insured Name	21 SHUTTERS PTE LTD	Insured NRIC	200
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	644
Email Address		OI Vehicle Number	GV8636P	TP Vehicle Number	BAF
Claim Description	GV8636P / BARRIER CASH CARD MACHI	NE ON 3 Mar 2021		Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes ✓	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Red
Date Registered	06/03/2021 15:20	Claim Close Date		Date Received	06/
_		Ciaim Close Date		Date Neceived	00/
Report Taken By	SHAN HUI				
Print AK letter					

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