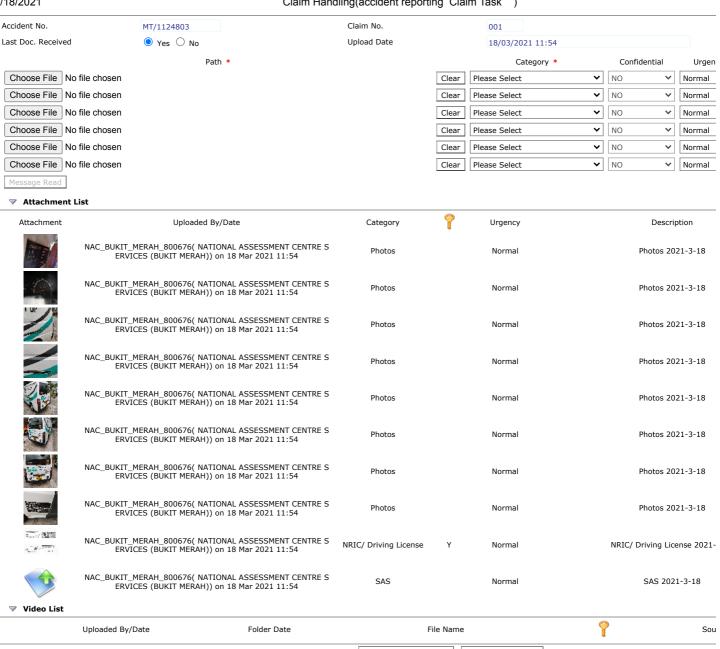
Claim Handling

The premium on this policy has not been collected.

Accident MT/1124803	not been conceed.			
Policy No.	5098449869-03	Vehicle No.	GZ7730K	GST Registration No.
Certificate No.				
Policyholder Name	AIRCON HUB PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Third Party	Loading
Contact No.(Mobile)	8549 6708	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire
▼ Accident Details	NO	Neb Enddement(70)	20	Tivate time
Report Date	18/03/2021 11:42	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	17/03/2021	Time of Accident hh:mm	13:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ELIAS ROAD PRPM29 MSCP			
▼ Total Excess Applicable				
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?
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	
	ation			
GST Registered	No		GST Registration Date	
GST Registration No.			GST Status Verified	Yes
Modification History	18/03/2021 11:47	:06 System changed GST Status Verified from	n No to Yes	
▼ Policyholder Mailing Ad	dress			
Address 1	20 DEPOT LANE	Address 2	#01-10	Address 3
Address 4	20 52. 0. 52	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5098449869-03	1031 0000
		Related Folicy Number	3096449609-03	
▼ OI Driver Info	Harris I D. Land	D T	Haramad Britan	
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	MAHADI ASRAFUL ISLAM	Driver NRIC	G2464160R	Driver DOB
Register Date of Driver License		Driver Age	29	Driving Experience
Contact No.(Mobile)	8549 6708	Contact No.(Office)		Contact No.(Home)
Address 1	20 DEPOT LANE	Address 2	#01-1001-10	Address 3
Address 4	20 DEPOT LANE	Address Type	Foreign address	Post Code
Unit No.	01-10			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	GZ7730K	Driver Insurer Company
Declaration				
Breathalyser or Blood Test	0 mg	Any injuny?	○ Voc. ◎ No.	
Reading?	o mg	Any injury?	Yes No	
Modification History				
Claim 001 New				
Claim Type *	OD-MX 🗸	Insured Name	AIDCON HUD DIE LID	Insured NRIC
Claim Type *			AIRCON HUB PTE LTD	
Contact No.(Mobile)	91801434	Contact No.(Home)		Contact No.(Office)
Email Address	karthi@besttechgalleary.com	OI Vehicle Number	GZ7730K	TP Vehicle Number
Claim Description	GZ7730K / SGY2280E ON 17 Mar 2	2021		Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	
Require Finalisation	Yes ∨	Preferered Repair Option	Preferred Workshop, Name unknow	n 🗸 GIA report
Date Registered	18/03/2021 11:53	Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB			
Print AK letter				
			Save Submit	
Attachment				



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