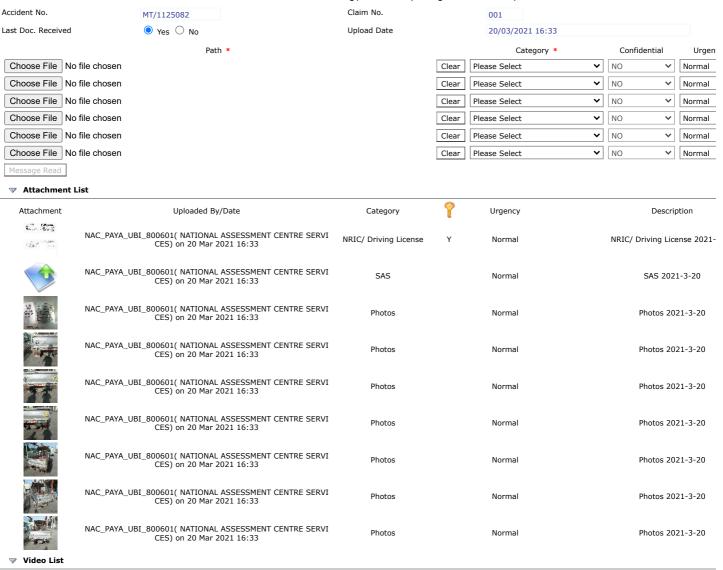
Claim Handling

Policy No.	5097373179-03		Vehicle No.	GBD6229Z	GST Registration No.	
Certificate No.						
Policyholder Name	T.A.G CONSTRUCTION PTE LTD				Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURA		Cover Type	Comprehensive	Loading	
Contact No.(Mobile) Email Address	62955800		Contact No.(Office) Special Remark		Contact No.(Home) eCode	
KFK	No Yes		TCA	No Yes	eCode Reason	
NCD Protection	No Yes		NCD Entitlement(%)	0	Private Hire	
▼ Accident Details	NO		Neb Endement(70)	U	Tivate Time	
Report Date	20/03/2021 16	5:30	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident			Time of Accident hh:mm	19:45	Country of Accident	
Reporting Centre	19/03/2021		Orange Force	15.43	ICM No.	
Accident Location	Choa Chu Kano	g Ave 4, Singapore			20.7.110	
▼ Total Excess Applicable		grades, emgapera				
Excess Type	Per Accident		Windscreen Excess	100.00		
OD Standard Excess	600.00		TP Standard Excess	0.00		
YIED OD Excess	1000.00		YIED TP Excess	0.00	Driver is Covered?	
Additional Excess						
Total OD Excess Applicable	1600.00		Total TP Excess Applicable	0.00		
▼ Benefits						
	ation					
GST Registered	Yes			GST Registration Date	17/03/2008	
GST Registration No.		200804399H		GST Status Verified	Yes	
Modification History						
▼ Policyholder Mailing Adelling Ad	drace					
Address 1		06	Address 2	LIDT AVENUE 2	Address 3	
Address 4	BLK 3004 #02-96		Address Type	UBI AVENUE 3 Singapore address	Post Code	
Unit No.	#02-96		Related Policy Number	5121280345	rost code	
OI Driver Info	#02-96		Related Folicy Number	3121260343		
Driver Name	Unnamed Drive	er en	Driver Type	Unnamed Driver		
Unnamed driver Name	MUIED		Driver NRIC	G2481619U	Driver DOB	
Register Date of Driver License			Driver Age	26	Driving Experience	
Contact No.(Mobile)	90773811		Contact No.(Office)		Contact No.(Home)	
Address 1	12 # SUNGEI KADUT AVENUE		Address 2	SINGAPORE 729648	Address 3	
Address 4			Address Type	Singapore address	Post Code	
Unit No.						
Does he own a Singapore	Yes No		Driver Vehicle No.		Driver Insurer Company	
Registered car?						
Declaration						
Breathalyser or Blood Test	0 mg		Any injury?	Yes No		
Reading?	o mg		Any injury:	Tes Tivo		
Modification History						
Claim 001 New						
cidiiii 001						
Claim Type *	OD-MX	•	Insured Name	T.A.G CONSTRUCTION PTE LTD	Insured NRIC	
Contact No.(Mobile)			Contact No.(Home)		Contact No.(Office)	
Email Address			OI Vehicle Number	GBD6229Z	TP Vehicle Number	
Claim Description	GBD6229Z / S	LV9275G ON 19 Mar 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.			Insured Liability *	Not at Fault		
Require Finalisation	Yes ✓		Preferered Repair Option	Preferred Workshop, Name unknow	vn ❤ GIA report	
Date Registered	20/03/2021 16:33		Claim Close Date		Date Received	
Report Taken By	SHAN HUI					
Print AK letter						
				Save Submit		
Attachment						
₩						

Claim Handling(accident reporting Claim Task)



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File Name

Folder Date

Uploaded By/Date

Sou