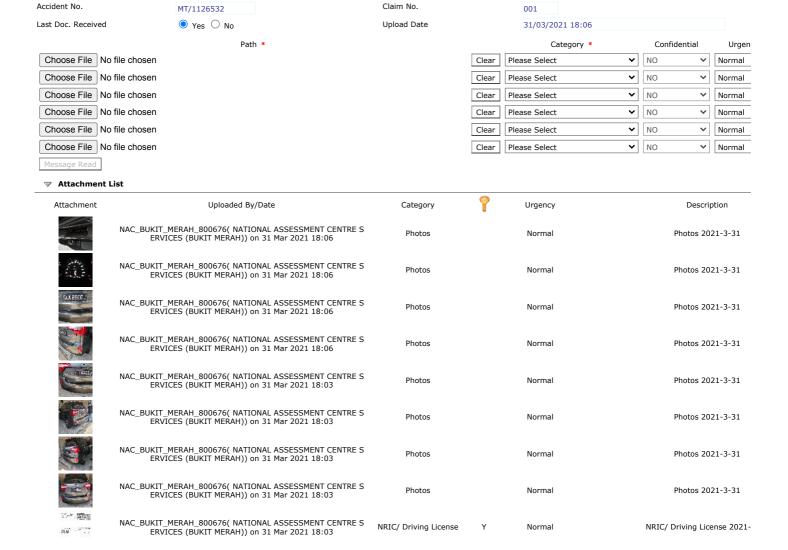
Claim Handling					
Accident MT/1126532					
Policy No.	5109441522-01 5109441522-01-000088		Vehicle No.	SLK8906J	GST Registration No.
Certificate No.					
Policyholder Name	PRESTO EXPAT	MOTORING SERVICES P	TE. LTD.		Policyholder NRIC
Product Code	FLEET MASTER INSURANCE		Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	97700566		Contact No.(Office)		Contact No.(Home)
Email Address			Special Remark		eCode
KFK	No		TCA	No Yes	eCode Reason
NCD Protection	No		NCD Entitlement(%)	0	Private Hire
Accident Details	NO		NCD Littlement(70)	U	Trivate fille
	24 (02 (2024 17 50				
Report Date	31/03/2021 17:58		Accident Report Within 24 hrs		Accident Type
Date of Accident	28/03/2021		Time of Accident hh:mm	13:45	Country of Accident
Reporting Centre			Orange Force		ICM No.
Accident Location	36 SWISS CLU	JB ROAD OPEN CARPARK			
Total Excess Applicable					
Excess Type	Per Accident		Windscreen Excess	Windscreen Excess 100.00	
OD Standard Excess		500.00	TP Standard Excess	500.00	
YIED OD Excess		0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess					
Total OD Excess Applicable		500.00	Total TP Excess Applicable	500.00	
▼ Benefits					
▽ GST Registered Informa	ation				
GST Registered	Registered			GST Registration Date	12/05/2008
GST Registration No.	Registration No.			GST Status Verified	Yes
Modification History					
▼ Policyholder Mailing Ad	dress				
Address 1	491 RIVER VA	LLEY ROAD	Address 2	#01-04 VALLEY POINT	Address 3
Address 4	IST RULEN WILLEL HOME		Address Type	Singapore address	Post Code
Unit No.			Related Policy Number	5120863055	
▼ OI Driver Info			,	3120003033	
Driver Name	Unnamed Drive	<u> </u>	Driver Type	Unnamed Driver	
Unnamed driver Name	ALVAREZ GARCIA CRISTINA		Driver NRIC	G5475140R	Driver DOB
Register Date of Driver License			Driver Age		Driving Experience
	30/08/2014			33	
Contact No.(Mobile)	97700566		Contact No.(Office)		Contact No.(Home)
Address 1	22 WATTEN HEIGHTS		Address 2	#SLK8906JSLK8906J WATTEN I	Address 3
Address 4			Address Type	Foreign address	Post Code
Unit No.					
Does he own a Singapore Registered car?	Yes No		Driver Vehicle No.	SLK8906J	Driver Insurer Company
Declaration					
Breathalyser or Blood Test	0 mg		Any injury?	Yes No	
Reading?			, 3. ,		
Modification History					
	Di .				
Claim 001 OD-MX	<u>v</u>				
Claim Type *	OD-MX	~	Insured Name	PRESTO EXPAT MOTORING SER	Insured NRIC
Contact No.(Mobile)			Contact No.(Home)	TRESTO EXPAT PIOTORING SER	Contact No.(Office)
				GLK00063	
Email Address	011/00067 / 01		OI Vehicle Number	SLK8906J	TP Vehicle Number
Claim Description Preferred Workshop Contact	SLK8906J / SL	F1393K ON 28 Mar 2021			Name of Preferred Workshop
No.			Insured Liability *	Partially at Fault	
Require Finalisation	Yes ✓		Preferered Repair Option	Preferred Workshop, Name unknown	✓ GIA report
Date Registered	31/03/2021 18:03		Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB		Workshop Repairer		Total Loss but Repaired
Print AK letter					
— I IIII AN IEUEI					
				Save Submit	
Attachment					

Video List

Uploaded By/Date



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Folder Date

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