

Claim Handling

Accident MT/1100035

Policy No.	5115193108	Vehicle No.	SLQ4815H	GST Registration No.	
Certificate No.					
Policyholder Name	CHONG FEI PING	Policyholder NRIC	S8282374C		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	92376468	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text" value="NF"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No
▼ Accident Details					
Report Date	15/08/2020 11:48	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	14/08/2020	Time of Accident hh:mm	17:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	GAMBAS AVE				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
▼ Benefits					
Coverage	Sum Insured				
Excess Waiver	99999999.99				
▼ GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

▼ Policyholder Mailing Address					
Address 1	BLK 688F #16-78	Address 2	WOODLANDS DRIVE 75	Address 3	SINGAPORE 736688
Address 4		Address Type	Singapore address	Post Code	736688
Unit No.	16-78	Related Policy Number	5115193108		
▼ OI Driver Info					
Driver Name	CHONG FEI PING	Driver Type	Main Driver	Driver DOB	14/08/1982
Unnamed driver Name		Driver NRIC	S8282374C	Driving Experience	10
Register Date of Driver License	23/10/2009	Driver Age	38	Contact No.(Home)	0
Contact No.(Mobile)	92376468	Contact No.(Office)		Address 1	SINGAPORE 736688
Address 1	BLK 688F	Address 2	WOODLANDS DRIVE 75	Address 3	SINGAPORE 736688
Address 4		Address Type	Singapore address	Post Code	736688
Unit No.	16-78				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	<input type="text" value="OD-MX"/>	Insured Name	<input type="text" value="CHONG FEI PING"/>	Insured NRIC	<input type="text" value="S8282374C"/>
Contact No.(Mobile)	<input type="text" value="92376468"/>	Contact No.(Home)	<input type="text" value=""/>	Contact No.(Office)	<input type="text" value=""/>
Email Address	<input type="text" value="evelyncfp@hotmail.com"/>	O1 Vehicle Number	<input type="text" value="SLQ4815H"/>	TP Vehicle Number	<input type="text" value="YM9790D"/>
Claimant Type Claimant Type *	<input type="text" value="Please Select"/>	Type of Benefit *	<input type="text" value="Please Select"/>		
Claimant Name *	<input type="text" value=""/>	Claimant NRIC *	<input type="text" value=""/>		
Claimant Address	<input type="text" value=""/>				
Claim Description	<input type="text" value="SLQ4815H / YM9790D ON 14 Aug 2020"/>		Name of Preferred Workshop	<input type="text" value=""/>	
Preferred Workshop Contact No.	<input type="text" value=""/>	Insured Liability *	<input type="text" value="Not at Fault"/>		
Require Finalisation	<input type="text" value="Yes"/>	Preferred Repair Option	<input type="text" value="Preferred Workshop, Name unknown"/>	GIA report	<input type="text" value="Received"/>
Date Registered	<input type="text" value="15/08/2020 11:50"/>	Claim Close Date	<input type="text" value=""/>	Date Received	<input type="text" value="15/08/2020 00:00"/>
Report Taken By	<input type="text" value="Jackson"/>				
<input checked="" type="checkbox"/> Print AK letter					

Attachment

Accident No.	MT/1100035	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/08/2020 11:52
Path *		Category *	
<input type="text" value=""/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
<input type="text" value=""/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
<input type="text" value=""/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
<input type="text" value=""/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>