

Claim Handling

Task Transfer Exit

Accident MT/1100338

LOS SAL SUB

Policy No. 5110305733, Vehicle No. SCU7878S, GST Registration No., Certificate No., Policyholder Name LAM MUN HOI, Product Code PRIVATE CAR INSURANCE, Cover Type drivo CLASSIC, Policyholder NRIC S0072675C, Contact No.(Mobile) 96625662, Contact No.(Office), Loading 0, Email Address, Special Remark, Contact No.(Home), KFK No, TCA No, eCode, eCode Reason, NCD Protection Yes, NCD Entitlement(%) 50, Private Hire Yes

Accident Details

Report Date 18/08/2020 14:25, Accident Report Within 24 hrs Yes, Accident Type Collided into Pedestrian, Date of Accident 17/08/2020, Time of Accident hh:mm 19:00, Country of Accident Singapore, Reporting Centre NATIONAL ASSESSMENT CENTR, Orange Force No, ICM No., Accident Location SIMS AVENUE TURNING RIGHT TOWARDS STILL ROAD

Total Excess Applicable

Excess Type Per Accident, Windscreen Excess 100.00, OD Standard Excess 2,000.00, TP Standard Excess 1,500.00, YIED OD Excess 0.00, YIED TP Excess 0.00, Driver is Covered? Covered, Additional Excess 0.00, Total OD Excess Applicable 2,000.00, Total TP Excess Applicable 1,500.00

Benefits

GST Registered Information

GST Registered No, GST Registration Date, GST Status Verified Yes, Modification History

Policyholder Mailing Address

Address 1 7 ELIAS GREEN, Address 2 #06-03, Address 3 SINGAPORE 519962, Address 4, Address Type Singapore address, Post Code 519962, Unit No., Related Policy Number 5110305733

OI Driver Info

Driver Name LAM MUN HOI, Driver Type Main Driver, Driver NRIC S0072675C, Driver DOB 15/12/1952, Register Date of Driver License 31/12/1997, Driver Age 67, Driving Experience 22, Contact No.(Mobile) 96625662, Contact No.(Office), Contact No.(Home), Address 1 7 ELIAS GREEN, Address 2 #06-03, Address 3 SINGAPORE 519962, Address 4, Address Type Singapore address, Post Code 519962, Unit No., Does he own a Singapore Registered car? No, Driver Vehicle No. SCU7878S, Driver Insurer Company NTUC

Declaration

Breathalyser or Blood Test Reading? 0 mg, Any injury? No, Modification History

Investigation

Claim 001 OD-MX New

Claim Case Officer

LOS SAL SUB

Claim Type OD-MX, Insured Name LAM MUN HOI, Insured NRIC S0072675C, Contact No.(Mobile) 96625662, Contact No.(Home) 65832006, Contact No.(Office) NIL, Email Address, OI Vehicle Number SCU7878S, TP Vehicle Number PEDESTRIAN, Claim Description SCU7878S / PEDESTRIAN ON 17 Aug 2020, Name of Preferred Workshop, Preferred Workshop, Preferred Repair Option, Insured Liability report, Partially at Fault Received, Date Registered 18/08/2020 14:45, Claim Close Date, Date Received 20/08/2020 18:51, Report Taken By ROSLI WAHAB, Workshop Repairer, Total Loss but Repaired, Print AK letter, Modification History

Special Claim Creation Approval

Approval Reason, Remarks

Attachment

Accident No. MT/1100338, Claim No. 001, Last Doc. Received Yes, Upload Date 20/08/2020 18:51

Table with columns: Path, Category, Confidential, Urgency, Description. Includes file upload buttons and dropdown menus.

