

Claim Handling

Accident MT/1100617

Policy No.	5034620155-11	Vehicle No.	SBN3567P	GST Registration No.	
Certificate No.					
Policyholder Name	SHERMAINE LOH WAI FUN MRS.SHERMAINE TANG	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S6899023H
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	87424665	Special Remark		Contact No.(Home)	
Email Address		TCA	☐ No ☐ Yes	eCode	No
KFK	☐ No ☐ Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	20/08/2020 16:12	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	20/08/2020	Time of Accident hh:mm	06:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG PIE (TOWARDS CHANGI) NEAR CTE EXIT				

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?	Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	20 MOUNT SINAI ROAD	Address 2	HENRY PARK	Address 3	SINGAPORE 276854
Address 4		Address Type	Singapore address	Post Code	276854
Unit No.		Related Policy Number	5034620155-11		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LOH NGAI KUN	Driver NRIC	S1612699C	Driver DOB	08/06/1963
Register Date of Driver License	10/06/1982	Driver Age	57	Driving Experience	38
Contact No.(Mobile)	96675772	Contact No.(Office)	64677803	Contact No.(Home)	
Address 1	20 MOUNT SINAI ROAD	Address 2	# HENRY PARK	Address 3	SINGAPORE 276854
Address 4		Address Type	Foreign address	Post Code	276854
Unit No.					
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.	SBN3567P	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ☒ No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	SHERMAINE LOH WAI FUN MRS	Insured NRIC	S6899023H
Contact No.(Mobile)	97424665	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	WAIFUN.LOH@GMAIL.COM	OI Vehicle Number	SBN3567P	TP Vehicle Number	SKZ4760X
Claim Description	SBN3567P / SKZ4760X ON 20 Aug 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Repair No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	20/08/2020 16:51	Claim Close Date		Date Received	20/08/2020 00:
Report Taken By	ROSLI WAHAB				
☐ Print AK letter					

Save Submit

Attachment

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Aug 2020 16:53		Photos	Normal	Photos 2020-8-20	

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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Aug 2020 16:53	Photos		Normal	Photos 2020-8-20
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Aug 2020 16:51	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Aug 2020 16:51	SAS		Normal	SAS 2020-8-20
	Video List				
Uploaded By/Date		Folder Date		File Name	
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