

Claim Handling

Accident MT/1100829

Policy No.	5114422217	Vehicle No.	SMQ2588P	GST Registrati
Certificate No.				
Policyholder Name	CHIN MOI YIN			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	96491784	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
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(%)	0	Private Hire

▼ Accident Details

Report Date	22/08/2020 17:29	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	22/08/2020	Time of Accident hh:mm	12:10	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	939 JURONG WEST ST 91 OPEN CARPARK			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	600.00	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	BLK 15 #08-109	Address 2	HOUGANG AVENUE 3	Address 3
Address 4	SINGAPORE 530015	Address Type	Singapore address	Post Code
Unit No.	08-109	Related Policy Number	5114422217	

▼ OI Driver Info

Driver Name	CHIN MOI YIN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7076488A	Driver DOB
Register Date of Driver License	25/10/2017	Driver Age	49	Driving Experie
Contact No.(Mobile)	96491784	Contact No.(Office)		Contact No.(H
Address 1	BLK 15 #08-109	Address 2	HOUGANG AVENUE 3	Address 3
Address 4	SINGAPORE 530015	Address Type	Singapore address	Post Code
Unit No.	08-109			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	CH
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SM
Claim Description	SMQ2588P / GX854T ON 22 Aug 2020		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	22/08/2020 17:30
			SHAN HUI

☒ Print AK letter

Attachment

▼

Accident No.

MT/1100829

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

22/08/2020 17:31

Path *

Category *

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Message Read

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▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Aug 2020 17:31	SAS		Normal	S
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Aug 2020 17:31	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Aug 2020 17:31	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Aug 2020 17:30	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Aug 2020 17:30	Photos		Normal	Ph
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Aug 2020 17:30	Photos		Normal	Ph

▼ Video List

Uploaded By/Date	Folder Date	File Name	
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