

Claim Handling

Accident MT/1101680

Policy No.	5106726653-01	Vehicle No.	SMG6777L	GST Registrati
Certificate No.				
Policyholder Name	LIM KIM SAN			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	98449463	Contact No.(Office)		Contact No.(Ho
Email Address		Special Remark		eCode
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	31/08/2020 11:16	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	30/08/2020	Time of Accident hh:mm	11:15	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	BEDOK SOUTH AVE 1			

▼ 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 Cover
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	

▼ 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 215 #10-63	Address 2	TAMPINES STREET 23	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5106726653-01	

▼ OI Driver Info

Driver Name	LIM KIM SAN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S6840100C	Driver DOB
Register Date of Driver License	01/01/2000	Driver Age	51	Driving Experie
Contact No.(Mobile)	98449463	Contact No.(Office)		Contact No.(Ho
Address 1	BLK 215 #10-63	Address 2	TAMPINES STREET 23	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer

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	LIM
Contact No.(Mobile)	98449463	Contact No. (Home)	67
Email Address	lkssg@yahoo.com	OI Vehicle Number	SM
Claim Description	SMG6777L / FBM2229C ON 30 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			
☒ Print AK letter			

31/08/2020 11:19

Claim Close Date

LIEW SHAN HUI

Attachment

▼

Accident No.

MT/1101680

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

31/08/2020 11:20

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 31 Aug 2020 11:20	SAS		Normal	S
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Aug 2020 11:19	Photos		Normal	Ph

▼ Video List

Uploaded By/Date	Folder Date	File Name	
Display in New Window Scan and uploading			