

Claim Handling

Accident MT/1102218

Policy No.	5054737615-08	Vehicle No.	SBJ3355E	GST Registration No.	
Certificate No.					
Policyholder Name	LEUNG YUEN YEE			Policyholder NRIC	S2183886A
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Not available

Accident Details

Report Date	04/09/2020 08:21	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	01/09/2020	Time of Accident hh:mm	15:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	171 UPPER THOMSON ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
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	184 HILLCREST ROAD	Address 2	HILLCREST PARK	Address 3	SINGAPORE 289067
Address 4		Address Type	Singapore address	Post Code	289067
Unit No.		Related Policy Number	5055138090-08		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Company	
Modification History					

Claim 002

New

Claim Type *	OD-MX	Insured Name	LEUNG YUEN YEE	Insured NRIC	S2183886A
Contact No.(Mobile)		Contact No.(Home)	64670002	Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SBJ3355E	TP Vehicle Number	SMN3588Z
Claim Description	SBJ3355E / SMN3588Z ON 1 Sept 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Preferred Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	04/09/2020 12:40	Claim Close Date		Date Received	04/09/2020 00:
Report Taken By	ROSLI WAHAB				
☒ Print AK letter					

Save Submit

Attachment

Accident No.	MT/1102218	Claim No.	002
Last Doc. Received	☒ Yes ☐ No	Upload Date	04/09/2020 12:41

Path *

Choose File

No file chosen

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Message Read

Category *

Confidential

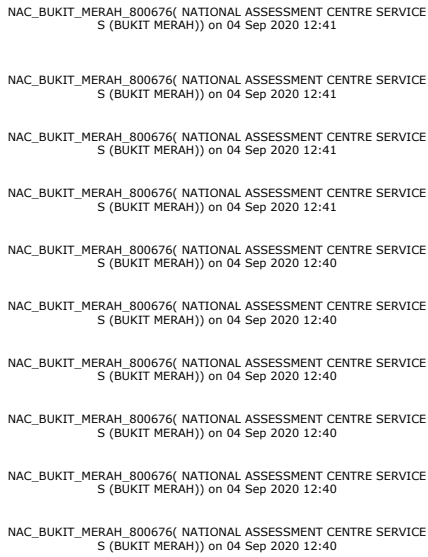
Urgency *

Description *

Send Mes

Attachment List

Claim Handling(Claim Task)



Normal

Photos 2020-9-4

Normal

Photos 2020-9-4

Normal

Photos 2020-9-4

Normal

Photos 2020-9-4

Normal

Photos 2020-9-4

Normal

Photos 2020-9-4

Normal

Photos 2020-9-4

Normal

Photos 2020-9-4

Y

Normal

NRIC/ Driving License 2020-9-4

SAS

Normal

SAS 2020-9-4

▼ **Video List**

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