

Claim Handling

Accident MT/1102278

Policy No.	5060301550-06	Vehicle No.	SJL361B	GST Registrati
Certificate No.				
Policyholder Name	MATRIX COOLING (S) PTE LTD			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	96890764	Contact No.(Office)		Contact No.(Ho
Email Address		Special Remark		eCode
KFK	☒ No ☐ Yes	TCA	☐ No ☐ Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	04/09/2020 14:59	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/09/2020	Time of Accident hh:mm	13:15	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	STEVENS RD			

▼ 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	Yes	GST Registration Date	08/0
GST Registration No.	200506493Z	GST Status Verified	Yes
Modification History	04/09/2020 15:01:21 System changed GST Registration Date from 01/01/2015 to 08/08/2005 04/09/2020 15:01:21 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	18 BOON LAY WAY	Address 2	#09-154 TRADEHUB 21	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5102077631-02	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	ONG WEI	Driver NRIC	S8914334I	Driver DOB
Register Date of Driver License	08/11/2010	Driver Age	31	Driving Experie
Contact No.(Mobile)	96890764	Contact No.(Office)		Contact No.(Ho
Address 1	BLK 652 #09-373	Address 2	HOUGANG AVENUE 8	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	09-373			
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-MD	Insured Name	MA
Contact No.(Mobile)	96955352	Contact No. (Home)	
Email Address	ANNA@MATRIXCOOLING.COM	OI Vehicle Number	SJL
Claim Description	SJL361B / RAILING ON 3 Sept 2020		
Preferred Workshop		Insured Liability	Partially at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	income to assign workshop
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	
			LIEW SHAN HUI
☒ Print AK letter			

https://gicclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do

1/2

Attachment

Accident No.	MT/1102278	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	04/09/2020 15:03

Path *		Category *		Confider
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
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Message Read				

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Sep 2020 15:03	SAS		Normal	S
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Sep 2020 15:03	NRIC/ Driving License	Y	Normal	NRIC/ Dri
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Sep 2020 15:02	Photos		Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Sep 2020 15:02	Photos		Normal	Pt

 Video List

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