

Claim Handling

Accident MT/1102404

Policy No.	5117668144	Vehicle No.	SJF3459R	GST Registrati
Certificate No.				
Policyholder Name	SASWADIMATA BIN DASUKI			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	96248929	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(%)	20	Private Hire

Accident Details

Report Date	05/09/2020 17:33	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	04/09/2020	Time of Accident hh:mm	18:20	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	TPE TWDS SLE			

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 537 #02-46	Address 2	PASIR RIS STREET 51	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5117668144	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	RIBIYANDA BIN SASWADIMATA	Driver NRIC	S9703811B	Driver DOB
Register Date of Driver License	21/07/2015	Driver Age	23	Driving Experie
Contact No.(Mobile)	87488504	Contact No.(Office)		Contact No.(Hr
Address 1	BLK 537 #02-46	Address 2	PASIR RIS STREET 51	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-46			
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

Modification History	
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Claim 001 New

Claim Type *	OD-MX	Insured Name	SA
Contact No.(Mobile)	96248929	Contact No. (Home)	
Email Address	saswadimatadasuki@gmail.com	OI Vehicle Number	SJF
Claim Description	SJF3459R / SKK9896J ON 4 Sept 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	05/09/2020 17:36	GIA report	Received
Report Taken By	SHAN HUI		
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. Claim No.
 Last Doc. Received Yes No Upload Date

Path * Category * Confider

<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Message Read"/>			

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	05 Sep 2020 17:36	NRIC/ Driving License	Y	Normal	NRIC/ Dri
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	05 Sep 2020 17:36	SAS		Normal	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	05 Sep 2020 17:36	Photos		Normal	Pt
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	05 Sep 2020 17:36	Photos		Normal	Pt
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	05 Sep 2020 17:36	Photos		Normal	Pt
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	05 Sep 2020 17:36	Photos		Normal	Pt
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	05 Sep 2020 17:36	Photos		Normal	Pt
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	05 Sep 2020 17:36	Photos		Normal	Pt
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	05 Sep 2020 17:36	Photos		Normal	Pt

Video List

Uploaded By/Date	Folder Date	File Name	
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>			