

Claim Handling

Accident MT/1102804

Policy No.	5104899886-01	Vehicle No.	SJU1147A	GST Registration No.	
Certificate No.					
Policyholder Name	LIM TZE WEI DEAN			Policyholder NRIC	S8010552E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	97622582	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	Yes
▼ Accident Details					
Report Date	09/09/2020 12:30	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	08/09/2020	Time of Accident hh:mm	17:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CTE TOWARDS CHECK POINT				
▼ 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 Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	2,000.00	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 437 #12-2050	Address 2	YISHUN AVENUE 6	Address 3	SINGAPORE 760437
Address 4		Address Type	Singapore address	Post Code	760437
Unit No.	12-2050	Related Policy Number	5104899886-01		
▼ OI Driver Info					
Driver Name	LIM TZE WEI DEAN	Driver Type	Main Driver	Driver DOB	10/04/1980
Unnamed driver Name		Driver NRIC	S8010552E	Driving Experience	10
Register Date of Driver License	01/01/2010	Driver Age	40	Contact No.(Home)	
Contact No.(Mobile)	97622582	Contact No.(Office)		Address 3	SINGAPORE 760437
Address 1	BLK 437 #12-2050	Address 2	YISHUN AVENUE 6	Post Code	760437
Address 4		Address Type	Singapore address		
Unit No.	12-2050				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.	SJU1147A	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ☒ No		
Modification History					

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	LIM TZE WEI DEAN	Insured NRIC	S8010552E		
Contact No.(Mobile)	94773862	Contact No. (Home)	64593433	Contact No. (Office)			
Email Address		OI Vehicle Number	SJU1147A	TP Vehicle Number	SLC1445K		
Claim Description	SJU1147A / SLC1445K ON 8 Sept 2020				Name of Preferred Workshop		
Preferred Workshop Contact No. Finalisation	Yes	Insured Liability	Partially at Fault	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered		Received		Claim Close Date	09/09/2020 12:32	Date Received	09/09/2020 0
Report Taken By	ROS LI WAHAB	Workshop Repairer		Total Loss but Repaired			
☒ Print AK letter							

Save Submit

Attachment

Accident No.	MT/1102804	Claim No.	001				
Last Doc. Received	☒ Yes ☐ No	Upload Date	09/09/2020 12:54				
Path *							
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Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)		
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