

Claim Handling

Accident MT/1102977

Policy No.	5117177559	Vehicle No.	SGA19J	GST Registration No.	
Certificate No.					
Policyholder Name	WEE YEOU WEI			Policyholder NRIC	S7806152I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
Contact No.(Mobile)	98444488	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	No

▼ Accident Details

Report Date	10/09/2020 17:20	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	09/09/2020	Time of Accident hh:mm	13:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	INSIDE BLK 57 DAWSON ROAD CARPARK DECK 2 MSCP				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	1100.00	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	100 ROBERTSON QUAY	Address 2	#08-10 ROBERTSON 100	Address 3	SINGAPORE 238250
Address 4		Address Type	Singapore address	Post Code	238250
Unit No.		Related Policy Number	5051432097-09		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	GOH ALICE	Driver NRIC	S7120805B	Driver DOB	24/06/1971
Register Date of Driver License	19/01/1991	Driver Age	49	Driving Experience	29
Contact No.(Mobile)	98448888	Contact No.(Office)		Contact No.(Home)	
Address 1	100 ROBERTSON QUAY	Address 2	#08-10 ROBERTSON 100	Address 3	SINGAPORE 238250
Address 4		Address Type	Foreign address	Post Code	238250
Unit No.	08-10				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.	SGA19J	Driver Insurer Company	NTUC

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	WEE YEOU WEI	Insured NRIC	S7806152I	
Contact No.(Mobile)	98444488	Contact No.(Home)	62586726	Contact No.(Office)		
Email Address	edmundwee98444488@gmail.c	OI Vehicle Number	SGA19J	TP Vehicle Number	SMR5524Z	
Claim Description	SGA19J / SMR5524Z ON 9 Sept 2020				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault			
Repair No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	10/09/2020 17:28	Claim Close Date		Date Received	10/09/2020 00:	
Report Taken By	ROSLI WAHAB					

☒ Print AK letter

Save

Submit

Attachment

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Accident No.	MT/1102977	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	10/09/2020 17:30

Path *

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Category *

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Urgency *

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Description *

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▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2020 17:30		Photos	Normal	Photos 2020-9-10	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2020 17:30	Photos		Normal	Photos 2020-9-10
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2020 17:29	Photos		Normal	Photos 2020-9-10
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2020 17:29	Photos		Normal	Photos 2020-9-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2020 17:29	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-9-10
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 Video List

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		Display in New Window	Scan and uploading		