

Claim Handling

Accident MT/1102956

Policy No.	5117480060	Vehicle No.	SLV2138R	GST Registration No.	
Certificate No.					
Policyholder Name	LEW FAN SHYONG			Policyholder NRIC	S7250656A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	97424891	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 16:43	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	09/09/2020	Time of Accident hh:mm	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG SOMERSET ROAD				
▼ 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 Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	600.00	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	BLK 353 #03-152	Address 2	BUKIT BATOK STREET 34	Address 3	SINGAPORE 650353
Address 4		Address Type	Singapore address	Post Code	650353
Unit No.	03-152	Related Policy Number	5117480060		
▼ OI Driver Info					
Driver Name	Lew Fan Shyong (Liu Huanxiong)	Driver Type	Main Driver	Driver DOB	08/01/1972
Unnamed driver Name		Driver NRIC	S7250656A	Driving Experience	22
Register Date of Driver License	01/01/1998	Driver Age	48	Contact No.(Home)	
Contact No.(Mobile)	97424891	Contact No.(Office)		Address 3	SINGAPORE 650353
Address 1	BLK 353 #03-152	Address 2	BUKIT BATOK STREET 34	Post Code	650353
Address 4		Address Type	Singapore address		
Unit No.	03-152				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.	SLV2138R	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	LEW FAN SHYONG	Insured NRIC	S7250656A	
Contact No.(Mobile)	97424891	Contact No.(Home)	62192821	Contact No.(Office)		
Email Address		TP Vehicle Number	SLV2138R	Vehicle Number	FBC8373G	
Claim Description	SLV2138R / FBC8373G ON 9 Sept 2020				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault			
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered		Claim Close Date	10/09/2020 16:45	Date Received	10/09/2020 0	
Report Taken By	ROS LI WAHAB	Workshop Repairer		Total Loss but Repaired		
☒ Print AK letter						

Save Submit

Attachment

Attachment No.

MT/1102956

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

10/09/2020 16:51

Path *

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Message Read

Category *

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NO

Urgency *

Normal

Description *

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Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE		Photos	Normal	Photos 2020-9-10	

S (BUKIT MERAH)) on 10 Sep 2020 16:51

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