

Claim Handling

Accident MT/1103332

Policy No.	5088004081-03	Vehicle No.	SBT2468S	GST Registration No.	
Certificate No.					
Policyholder Name	LIM CHER LAM			Policyholder NRIC	S1556107F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	96970716	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	14/09/2020 17:58	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	13/09/2020	Time of Accident hh:mm	12:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUS STOP 14219 HP 1150 DEPOT ENTRANCE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	0.00	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	0.00	Total TP Excess Applicable	0.00		

Benefits

Coverage	Sum Insured		
Excess Waiver	99999999.99		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	192 DEPOT ROAD	Address 2	#09-22 THE INTERLACE	Address 3	SINGAPORE 109690
Address 4		Address Type	Singapore address	Post Code	109690
Unit No.		Related Policy Number	5088004081-03		

OI Driver Info

Driver Name	LIM CHER LAM	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1556107F	Driver DOB	09/05/1962
Register Date of Driver License	01/01/2011	Driver Age	58	Driving Experience	9
Contact No.(Mobile)	96970716	Contact No.(Office)		Contact No.(Home)	
Address 1	192 DEPOT ROAD	Address 2	#09-22 THE INTERLACE	Address 3	SINGAPORE 109690
Address 4		Address Type	Singapore address	Post Code	109690
Unit No.					
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.	SBT2468S	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ☒ No
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	LIM CHER LAM	Insured NRIC	S1556107F
Contact No.(Mobile)	96970716	Contact No.(Home)	67880836	Contact No.(Office)	68698027
Email Address		OI Vehicle Number	SBT2468S	TP Vehicle Number	SBS6212S
Claim Description	SBT2468S / SBS6212S ON 13 Sept 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Repair Option	Preferred	Preferred Workshop, Name unknown			
Date Registered	14/09/2020 18:03	GIA report	Received	Claim Close Date	14/09/2020 0
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Attachment

Accident No.	MT/1103332	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	14/09/2020 18:04

Path *

Choose File	No file chosen	Clear	Please Select	Category *	NO	Confidential	Normal	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select		NO		Normal		
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Message Read

Attachment List

☐ Send M

Claim Handling(accident reporting Claim Task 001 OD-MX)

<https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do>