

Claim Handling

Accident MT/1103601

Policy No.	5106270129-01	Vehicle No.	SLT4369M	GST Registrati
Certificate No.				
Policyholder Name	WONG HENG SIANG			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	82228163	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(%)	10	Private Hire

Accident Details

Report Date	16/09/2020 17:31	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/09/2020	Time of Accident hh:mm	16:15	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 492 TAMPINES ST 45 MSCP LEVEL 2B			

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 Cover
Additional Excess	1500			
Total OD Excess Applicable	2100.00	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 494J #11-600	Address 2	TAMPINES STREET 45	Address 3
Address 4	SINGAPORE 529494	Address Type	Singapore address	Post Code
Unit No.	11-600	Related Policy Number	5106270129-01	

OI Driver Info

Driver Name	WONG HENG SIANG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9301616E	Driver DOB
Register Date of Driver License	01/01/2016	Driver Age	27	Driving Experie
Contact No.(Mobile)	82228163	Contact No.(Office)		Contact No.(Hr
Address 1	BLK 494J #11-600	Address 2	TAMPINES STREET 45	Address 3
Address 4	SINGAPORE 529494	Address Type	Singapore address	Post Code
Unit No.	11-600			
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	WC
Contact No.(Mobile)	82228163	Contact No. (Home)	63
Email Address	SIANG_1993@HOTMAIL.COM	OI Vehicle Number	SL
Claim Description	SLT4369M / GBJ4527U ON 15 Sept 2020		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	16/09/2020 17:32	GIA report	Received
Report Taken By	LIEW SHAN HUI		
Claim Close Date			

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 16 Sep 2020 17:34	SAS		Normal	S
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Sep 2020 17:34	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Sep 2020 17:34	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Sep 2020 17:34	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Sep 2020 17:34	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Sep 2020 17:32	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Sep 2020 17:32	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Sep 2020 17:32	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Sep 2020 17:32	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Sep 2020 17:32	Photos		Normal	Ph

Video List

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