

Claim Handling

Accident MT/1103600

Policy No.	5110362569-01	Vehicle No.	SGH8214Y	GST Registration No.	
Certificate No.					
Policyholder Name	CHUA TZE SHERN (CAI ZHISHEN)			Policyholder NRIC	S8012849E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	96663987	Contact No.(Office)	67756530	Contact No.(Home)	
Email Address		Special Remark		eCode	No
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	No

Accident Details

Report Date	16/09/2020 17:11	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	15/09/2020	Time of Accident hh:mm	18:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG UPPER BUKIT TIMAH 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 17 #20-52	Address 2	DOVER CRESCENT	Address 3	DOVER VILLE
Address 4	SINGAPORE 130017	Address Type	Singapore address	Post Code	130017
Unit No.		Related Policy Number	5110362569-01		

OI Driver Info

Driver Name	Chua Sim Kiong	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S0033385I	Driver DOB	27/04/1949
Register Date of Driver License	01/01/1980	Driver Age	71	Driving Experience	40
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SGH8214Y	Driver Insurer Company	NTUC

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

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	CHUA TZE SHERN (CAI ZHISHE)	Insured NRIC	S8012849E	
Contact No.(Mobile)	96663987	Contact No. (Home)	67756530	Contact No. (Office)		
Email Address	arenzin@yahoo.com	OI Vehicle Number	SGH8214Y	TP Vehicle Number	SMB3083B	
Claim Description	SGH8214Y / SMB3083B ON 15 Sept 2020				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault			
Contract No.		Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered		Claim Close Date	16/09/2020 17:20	Date Received	16/09/2020 0	
Report Taken By	ROS LI WAHAB	Workshop Repairer		Total Loss but Repaired		

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Save Submit

Attachment

Accident No. MT/1103600 Claim No. 001

Last Doc. Received ☒ Yes ☐ No Upload Date 16/09/2020 17:21










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Message Read							

Attachment List


Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o		Photos	Normal	Photos 2020-9-16	


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16 Sep 2020 17:21

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Sep 2020 17:21	Photos		Normal	Photos 2020-9-16
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Sep 2020 17:21	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-9-16
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 Video List

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