

Claim Handling

Accident MT/1103771

Policy No.	5108389014-01	Vehicle No.	SMK992A	GST Registrati
Certificate No.				
Policyholder Name	DZAFIRAH BINTE RAZI			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	96384420	Contact No.(Office)		Contact No.(Ho
Email Address		Special Remark		eCode
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire
▼ Accident Details				
Report Date	18/09/2020 09:34	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	17/09/2020	Time of Accident hh:mm	07:50	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	TAMPINES ST 83 L/P 4			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	
▼ 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 693A #10-711	Address 2	WOODLANDS AVENUE 6	Address 3
Address 4	SINGAPORE 731693	Address Type	Singapore address	Post Code
Unit No.	10-711	Related Policy Number	5108389014-01	
▼ OI Driver Info				
Driver Name	RAZI BIN MOHAMED	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S0008595B	Driver DOB
Register Date of Driver License	14/09/2009	Driver Age	66	Driving Experie
Contact No.(Mobile)	96384420	Contact No.(Office)		Contact No.(Ho
Address 1	BLK 847 #04-176	Address 2	TAMPINES STREET 83	Address 3
Address 4	SINGAPORE 520847	Address Type	Singapore address	Post Code
Unit No.	04-176			
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ☒ No	
Modification History				

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Contact No. Finalisation

Date Registered

Report Taken By

☒ Print AK letter

OD-MX

91793687

irah_burns@hotmail.com

SMK992A / PEDESTRIAN ON 17 Sept 2020

Insured Name

DZ

Contact No. (Home)

NII

OI Vehicle Number

SM

Insured Liability

Partially at Fault

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Claim Close Date

18/09/2020 09:38

Claim Close Date

LIEW SHAN HUI

Attachment

▼

Accident No.

MT/1103771

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

18/09/2020 09:39

Path *

Category *

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NO

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Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Sep 2020 09:39	SAS		Normal	S
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Sep 2020 09:39	NRIC/ Driving License	Y	Normal	NRIC/ Driv
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Sep 2020 09:38	Photos		Normal	Ph
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Sep 2020 09:38	Photos		Normal	Ph

Video List

Uploaded By/Date	Folder Date	File Name	
		Display in New Window	Scan and uploading