

Hello, NAC_PAYA_UBI_800601

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Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5114879181		MANIVANNAN S/O NALLATHAMBI	S7002668F	GPC	drivo CLASSIC	SGW4835C	SGW4835C	21/01/2020	19/01/2021

Continue

Policy Information

Policy No.	5114879181	Policyholder Name	MANIVANNAN S/O NALLATHAME	Policyholder NRIC	S7002668F
Certificate No.					
Address	BLK 124B #07-392 BUKIT MERAH VIEW SINGAPORE 152124				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	23/12/2019	Effective Date	21/01/2020 00:00	Expiry Date	19/01/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	SAFE HARBOUR ENSURANCE	Agent Tel.	85119300	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 124B #07-392	Address 2	BUKIT MERAH VIEW	Address 3	SINGAPORE 152124
Address 4		Address Type	Singapore address	Post Code	152124
Unit No.		Related Policy Number	5114879181		

Insured Object: SGW4835C

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>				

Claim Handling

Accident MT/1104437

Policy No.	5114879181	Vehicle No.	SGW4835C	GST Registration No.	
Certificate No.					
Policyholder Name	MANIVANNAN S/O NALLATHAMBI	Policyholder NRIC	S7002668F		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	90210413	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	NC
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
▼ Accident Details					
Report Date	24/09/2020 14:51	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	24/09/2020	Time of Accident hh:mm	07:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE BEFORE LOWER DELTA EXIT				
▼ 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				
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 124B #07-392	Address 2	BUKIT MERAH VIEW	Address 3	SINGAPORE 152124
Address 4		Address Type	Singapore address	Post Code	152124
Unit No.		Related Policy Number	5114879181		

▼ OI Driver Info

Driver Name	N.Manivannan	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7002668F	Driver DOB	21/01/1970
Register Date of Driver License	13/04/1998	Driver Age	50	Driving Experience	22
Contact No.(Mobile)	90210413	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	60 CHOA CHU KANG AVENUE 5	Address 2	INZ RESIDENCE	Address 3	SINGAPORE 688191
Address 4		Address Type	Singapore address	Post Code	688191
Unit No.	05-01				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	MANIVANNAN S/O NALLATHAMBI	Insured NRIC	S7002668F
Contact No.(Mobile)	90210413	Contact No.(Home)	62780512	Contact No.(Office)	
Email Address	mani@tptc.org	OI Vehicle Number	SGW4835C	TP Vehicle Number	YQ953P
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SGW4835C / YQ953P ON 24 Sept 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	24/09/2020 14:52	Claim Close Date		Date Received	24/09/2020 00:00
Report Taken By	Jackson				

Print AK letter

Save **Submit**

Attachment

Accident No.	MT/1104437	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/09/2020 14:54

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Message Read

Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Sep 2020 14:54	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-9-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Sep 2020 14:54	SAS		Normal	SAS 2020-9-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Sep 2020 14:54	Photos		Normal	Photos 2020-9-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Sep 2020 14:53	Photos		Normal	Photos 2020-9-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Sep 2020 14:53	Photos		Normal	Photos 2020-9-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Sep 2020 14:53	Photos		Normal	Photos 2020-9-24	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Sep 2020 14:53	Photos		Normal	Photos 2020-9-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Sep 2020 14:53	Photos		Normal	Photos 2020-9-24	

Video List

Uploaded By/Date	Folder Date	File Name		Source	Actor
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