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GeneralClaim

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Policy Query

Policy No.		Date of Accident	26/09/2020 09:55							
Vehicle No.(For Motor)	SKD9640S	Certificate Number								
Search										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5115318936		KUAN YEW CHEONG	S0039023B	GPC	drive CLASSIC	SKD9640S	SKD9640S	20/01/2020	19/01/2021
Continue										

Claim Handling

Accident MT/1104842

Policy No.	5115318936	Vehicle No.	SKD9640S	GST Registration No.	
Certificate No.					
Policyholder Name	KUAN YEW CHEONG			Policyholder NRIC	S0039023B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	Nr
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	30	Private Hire	No

▼ Accident Details

Report Date	28/09/2020 17:29	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	26/09/2020	Time of Accident hh:mm	09:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CTE TOWARDS PIE (CHANGI)				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
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 503 #02-287	Address 2	TAMPINES CENTRAL 1	Address 3	SINGAPORE 520503
Address 4		Address Type	Singapore address	Post Code	520503
Unit No.		Related Policy Number	5115318936		

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	KUAN YEW CHEONG	Insured NRIC	S0039023B
Contact No.(Mobile)	96833869	Contact No.(Home)	67889168	Contact No.(Office)	
Email Address	kennykuan888@yahoo.com	OI Vehicle Number	SKD9640S	TP Vehicle Number	SKC9760J
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKD9640S / SKC9760J ON 26 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	28/09/2020 17:46	Claim Close Date		Date Received	28/09/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1104842	Claim No.	002
Last Doc. Received	☒ Yes ☐ No	Upload Date	28/09/2020 17:48

Path *	Category *	Confidential	Urgency *	Description *

☐ Send Message

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent?
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