

Claim Handling

Accident MT/1105242

Policy No.	5109811579-01	Vehicle No.	SJP5723L	GST Registration No.	
Certificate No.					
Policyholder Name	CHU CHERH SING			Policyholder NRIC	S1231878E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	82286617	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes

Accident Details

Report Date	01/10/2020 16:55	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collis
Date of Accident	01/10/2020	Time of Accident hh:mm	12:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS PAYA LEBAR				

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 Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	2,000.00	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 334 #02-801	Address 2	UBI AVENUE 1	Address 3	SINGAPORI
Address 4		Address Type	Singapore address	Post Code	400334
Unit No.		Related Policy Number	5109811579-01		

OI Driver Info

Driver Name	CHU CHERH SING	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1231878B	Driver DOB	23/01/195:
Register Date of Driver License	24/12/1980	Driver Age	63	Driving Experience	39
Contact No.(Mobile)	82286617	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 334	Address 2	UBI AVENUE 1	Address 3	SINGAPORI
Address 4		Address Type	Singapore address	Post Code	400334
Unit No.	#02-801				
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 type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	CHU CHERH SING	In: NF
Contact No.(Mobile)	82286617	Contact No. (Home)	63482906	Co Nc (O
Email Address	stephenchucs@gmail.com	OI Vehicle Number	SJP5723L	TP Ve Nu
Claim Description	SJP5723L / SLA4776X ON 1 Oct 2020			Na Pri Wk
Preferred Workshop		Insured Liability	Not at Fault	
Repair No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	01/10/2020 17:01	Claim Close Date		Da Re
Report Taken By	ROSLINDA	Workshop Repairer		To bu Re
<input checked="" type="checkbox"/> Print AK letter				

Save Submit

Attachment

Accident No.	MT/1105242	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/10/2020 00:00

Path *	Category *	Confidential	Urgency *
Choose File No file chosen	Please Select	NO	Normal
Choose File No file chosen	Please Select	NO	Normal
Choose File No file chosen	Please Select	NO	Normal

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