

Claim Handling

Accident MT/1105333

Policy No.	5101088774-02	Vehicle No.	SLR9327L	GST Registrati
Certificate No.				
Policyholder Name	LIANA			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading
Contact No.(Mobile)	90092290	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	02/10/2020 14:45	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/10/2020	Time of Accident hh:mm	12:20	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE SLIP RD EXIT TO PAYA LEBAR RD			

▼ 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	02/10/2020 14:49:46 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 926 #07-305	Address 2	TAMPINES STREET 91	Address 3
Address 4	SINGAPORE 520926	Address Type	Singapore address	Post Code
Unit No.	07-305	Related Policy Number	5101088774-02	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SOH KOK HIONG	Driver NRIC	S1206038F	Driver DOB
Register Date of Driver License	05/11/1977	Driver Age	63	Driving Experie
Contact No.(Mobile)	97554342	Contact No.(Office)		Contact No.(Ho
Address 1	BLK 926 #07-305	Address 2	TAMPINES STREET 91	Address 3
Address 4	SINGAPORE 520926	Address Type	Singapore address	Post Code
Unit No.	07-305			
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
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	LIA
Contact No.(Mobile)	90092290	Contact No. (Home)	NII
Email Address		OI Vehicle Number	SLI
Claim Description	SLR9327L / GBB7915E ON 2 Oct 2020		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	
			LIEW SHAN HUI
☒ Print AK letter			

Attachment

▼

Accident No.

MT/1105333

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

02/10/2020 14:53

Path *

Category *

Confider

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No file chosen

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No file chosen

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Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Oct 2020 14:53	NRIC/ Driving License	Y	Normal	NRIC/ Dri
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Oct 2020 14:51	Photos		Normal	Ph

Video List

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