

Claim Handling

Accident MT/1105430

Policy No.	5107650489-01	Vehicle No.	SLW5699M	GST Registrati
Certificate No.				
Policyholder Name	FANG HUI YEE			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	90043598	Contact No.(Office)		Contact No.(Ho
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	03/10/2020 15:38	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/10/2020	Time of Accident hh:mm	12:10	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNC OF BEDOK NORTH AVE 3 & BEDOK NORTH RD			

▼ 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 Cover
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 55 #08-1454	Address 2	NEW UPPER CHANGI ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	08-1454	Related Policy Number	5107650489-01	

▼ OI Driver Info

Driver Name	FANG HUI YEE	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7884240G	Driver DOB
Register Date of Driver License	12/12/2008	Driver Age	41	Driving Experie
Contact No.(Mobile)	90043598	Contact No.(Office)		Contact No.(Ho
Address 1	BLK 55 #08-1454	Address 2	NEW UPPER CHANGI ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	08-1454			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

Declaration

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

Claim 001

New

Claim Type *	OD-MX	Insured Name	FAI
Contact No.(Mobile)		Contact No. (Home)	+
Email Address		OI Vehicle Number	SL
Claim Description	SLW5699M / SKD952B ON 3 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	
			SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Attachment

▼

Accident No.

MT/1105430

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

03/10/2020 15:40

Path *

Category *

Confider

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Message Read

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NO

NO

NO

NO

NO

NO

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Oct 2020 15:40	SAS		Normal	S
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Oct 2020 15:40	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Oct 2020 15:40	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Oct 2020 15:40	Photos		Normal	Ph
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Oct 2020 15:40	Photos		Normal	Ph
▼ Video List					
Uploaded By/Date	Folder Date	File Name			
<div>Display in New WindowScan and uploading</div>					