

Claim Handling

Accident MT/1105642

Policy No.	5117729553	Vehicle No.	SFW2375M	GST Registrati
Certificate No.				
Policyholder Name	NG SWEE ENG			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	97682713	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	06/10/2020 09:16	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	04/10/2020	Time of Accident hh:mm	19:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	8 JLN KUBOR REST BUGIS HOTEL			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	1100.00	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 349 #08-1045	Address 2	UBI AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5117729553	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	NG HON MUN (WU HANWEN)	Driver NRIC	S87189611	Driver DOB
Register Date of Driver License	18/06/2009	Driver Age	33	Driving Experie
Contact No.(Mobile)	87232418	Contact No.(Office)		Contact No.(Ho
Address 1	BLK 349 #08-1045	Address 2	UBI AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	08-1045			
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 002

New

Claim Type *	OD-MD	Insured Name	NG
Contact No.(Mobile)	97682713	Contact No. (Home)	67
Email Address	NG_SWEE_ENG@MOM.GOV.SG	OI Vehicle Number	SF
Claim Description	SFW2375M / SHA4396G ON 4 Oct 2020		
Preferred Workshop		Insured Liability	Partially at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	income to assign workshop
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	
☒ Print AK letter			

Attachment

▼

Accident No.

MT/1105642

Claim No.

002

Last Doc. Received

☒ Yes

☐ No

Upload Date

06/10/2020 09:44

Path *

Category *

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Choose FileNo file chosen

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Attachment	Uploaded By/Date	Category		Urgency	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Oct 2020 09:44	Photos		Normal	Ph
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Oct 2020 09:44	Photos		Normal	Ph

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