

Claim Handling

Accident MT/1105542

Policy No.	5103864521-02	Vehicle No.	SGS8228A	GST Registrat
Certificate No.				
Policyholder Name	LAU KAY KEONG			Policyholder I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading
Contact No.(Mobile)	90188228	Contact No.(Office)		Contact No.(t
Email Address		Special Remark		eCode
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reaso
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire
▼ Accident Details				
Report Date	05/10/2020 14:49	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/10/2020	Time of Accident hh:mm	14:30	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	SERVICE ROAD OF QUEEN'S STREET			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cov
Additional Excess	0.00			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	
▼ Benefits				
Coverage		Sum Insured		
Excess Waiver		99999999.99		
▼ GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Ye
Modification History				
▼ Policyholder Mailing Address				
Address 1	136 TANJONG RHU ROAD	Address 2	#04-07 PEBBLE BAY	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-07	Related Policy Number	5103864521-02	
▼ OI Driver Info				
Driver Name	LAU KAY KEONG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S6911461Z	Driver DOB
Register Date of Driver License	30/07/1987	Driver Age	51	Driving Exper
Contact No.(Mobile)	90188228	Contact No.(Office)		Contact No.(t
Address 1	136 TANJONG RHU ROAD	Address 2	#04-07 PEBBLE BAY	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-07			
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.	SGS8228A	Driver Insure
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ☒ No	
Modification History				

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	L
Contact No.(Mobile)	90188228	Contact No. (Home)	N
Email Address	vincent.lau@legacy.com.sg	OI Vehicle Number	S
Claim Description	SGS8228A / SLN3551R 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	05/10/2020 14:51
		Workshop Repairer	ROSLI WAHAB

☒ Print AK letter

Save

Submit

Attachment

▼

Accident No.

MT/1105542

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

05/10/2020 15:02

Path *

Category *

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NO

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NO

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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 05 Oct 2020 15:02	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2020 15:02	Photos		Normal	P
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2020 15:01	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2020 15:01	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2020 15:01	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2020 15:01	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2020 15:01	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2020 15:01	SAS		Normal	

▼ Video List

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		Display in New Window Scan and uploading	