

Claim Handling

Accident MT/1105711

Policy No.	5096896619-02	Vehicle No.	SLV1825Y	GST Registrati
Certificate No.				
Policyholder Name	TOH LI HOON (ZHUO LIYUN)			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	97429885	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	☒ No ☐ Yes	TCA	☐ No ☐ Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	06/10/2020 14:14	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	05/10/2020	Time of Accident hh:mm	15:45	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG KAKI BUKIT AVE 3 TWDS KAKI BUKIT RD 4			

▼ 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			

▼ Policyholder Mailing Address

Address 1	BLK 521 #10-37	Address 2	HOUGANG AVENUE 6	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	10-37	Related Policy Number	5096896619-02	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TOH KIM HOCK (ZHUO JINFU)	Driver NRIC	S7533477Z	Driver DOB
Register Date of Driver License	21/11/2000	Driver Age	44	Driving Experie
Contact No.(Mobile)	92477877	Contact No.(Office)		Contact No.(H
Address 1	BLK 139 #03-460	Address 2	PETIR ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-460			
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	TO
Contact No.(Mobile)	97429885	Contact No. (Home)	62
Email Address	lynnconnect01@yahoo.com	OI Vehicle Number	SL
Claim Description	SLV1825Y / PC3004P ON 5 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			
☒ Print AK letter			

Attachment

▼

Accident No.

MT/1105711

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

06/10/2020 14:20

Path *

Category *

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Message Read

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Oct 2020 14:20	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Oct 2020 14:20	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Oct 2020 14:20	SAS		Normal	S
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Oct 2020 14:19	Photos		Normal	Ph
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Oct 2020 14:19	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Oct 2020 14:19	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Oct 2020 14:19	Photos		Normal	Ph

▼ Video List

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