

Claim Handling

Accident MT/1105742

Policy No.	<input type="text" value="5118686002"/>	Vehicle No.	<input type="text" value="FBQ7585U"/>	GST Registrati
Certificate No.	<input type="text"/>			
Policyholder Name	<input type="text" value="YEE WAI TUCK JIMMY"/>			Policyholder NI
Product Code	<input type="text" value="MOTORCYCLE INSURANCE"/>	Cover Type	<input type="text" value="Comprehensive"/>	Loading
Contact No.(Mobile)	<input type="text" value="97893875"/>	Contact No.(Office)	<input type="text"/>	Contact No.(H
Email Address	<input type="text"/>	Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	<input type="text" value="No"/>	NCD Entitlement(%)	<input type="text" value="20"/>	Private Hire

▼ **Accident Details**

Report Date	<input type="text" value="06/10/2020 15:50"/>	Accident Report Within 24 hrs	<input type="text" value="Yes"/>	Accident Type
Date of Accident	<input type="text" value="05/10/2020"/>	Time of Accident hh:mm	<input type="text" value="21:40"/>	Country of Acc
Reporting Centre	<input type="text"/>	Orange Force		ICM No.
Accident Location	<input type="text" value="PASIR RIS DR 8"/>			

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	<input type="text"/>	
OD Standard Excess	<input type="text" value="500.00"/>	TP Standard Excess	<input type="text" value="0.00"/>	
YIED OD Excess	<input type="text" value="0.00"/>	YIED TP Excess	<input type="text" value="0.00"/>	Driver is Cover
Additional Excess	<input type="text"/>			
Total OD Excess Applicable	<input type="text" value="500.00"/>	Total TP Excess Applicable	<input type="text" value="0.00"/>	

▼ **Benefits**

▼ **GST Registered Information**

GST Registered	<input type="text" value="No"/>	GST Registration Date	<input type="text"/>
GST Registration No.	<input type="text"/>	GST Status Verified	<input type="text" value="Yes"/>
Modification History	<input type="text"/>		

▼ **Policyholder Mailing Address**

Address 1	<input type="text" value="BLK 128 #08-343"/>	Address 2	<input type="text" value="PASIR RIS STREET 11"/>	Address 3
Address 4	<input type="text"/>	Address Type	<input type="text" value="Singapore address"/>	Post Code
Unit No.	<input type="text"/>	Related Policy Number	<input type="text" value="5118686002"/>	

▼ **OI Driver Info**

Driver Name	<input type="text" value="YEE WAI TUCK JIMMY"/>	Driver Type	<input type="text" value="Main Driver"/>	
Unnamed driver Name	<input type="text"/>	Driver NRIC	<input type="text" value="S74107381"/>	Driver DOB
Register Date of Driver License	<input type="text" value="01/06/2010"/>	Driver Age	<input type="text" value="46"/>	Driving Experie
Contact No.(Mobile)	<input type="text" value="97893875"/>	Contact No.(Office)	<input type="text"/>	Contact No.(H
Address 1	<input type="text" value="BLK 128 #08-343"/>	Address 2	<input type="text" value="PASIR RIS STREET 11"/>	Address 3
Address 4	<input type="text"/>	Address Type	<input type="text" value="Singapore address"/>	Post Code
Unit No.	<input type="text"/>			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	<input type="text"/>	Driver Insurer

Declaration

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

Modification History

Claim 001 New

Claim Type *	<input type="text" value="OD-MX"/>	Insured Name	<input type="text" value="YEE WAI TUCK JIMMY"/>
Contact No.(Mobile)	<input type="text" value="97893875"/>	Contact No. (Home)	<input type="text" value="63"/>
Email Address	<input type="text" value="JIMMYEEWT@GMAIL.COM"/>		
Claim Description	<input type="text" value="FBQ7585U / SMA3429T ON 5 Oct 2020"/>		
Preferred Workshop	<input type="text"/>	Insured Liability	<input type="text" value="Not at Fault"/>
Contact No. Finalisation	<input type="text" value="Yes"/>	Preferred Repair Option	<input type="text" value="Preferred Workshop, Name unknown"/>
Date Registered	<input type="text" value="06/10/2020 15:52"/>	GIA report	<input type="text" value="Received"/>
Report Taken By	<input type="text" value="SHAN HUI"/>		
<input type="checkbox"/> Claim Close Date			

Print AK letter

Save Submit

Attachment

Accident No. MT/1105742 Claim No. 001
Last Doc. Received Yes No Upload Date 06/10/2020 15:55

Form with fields for Path, Category, and Confider, including 'Choose File' buttons and 'Clear' buttons.

Attachment List

Table with columns: Attachment, Uploaded By/Date, Category, Urgency, and Confider. Contains multiple rows of attachment details for 'NATIONAL ASSESSMENT CENTRE SERVICES'.



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Oct 2020 15:53	Photos	Normal	Ph
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Oct 2020 15:53	Photos	Normal	Ph
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Oct 2020 15:52	Photos	Normal	Ph
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Oct 2020 15:52	Photos	Normal	Ph
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Oct 2020 15:52	Photos	Normal	Ph
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Oct 2020 15:52	Photos	Normal	Ph
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Oct 2020 15:52	Photos	Normal	Ph
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Oct 2020 15:52	Photos	Normal	Ph

Video List

Uploaded By/Date	Folder Date	File Name	
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	