

Claim Handling

Accident MT/1105799

Policy No.	<input type="text" value="5098333026-02"/>	Vehicle No.	<input type="text" value="SKN7981T"/>	GST Registrati
Certificate No.	<input type="text"/>			
Policyholder Name	<input type="text" value="JEREMY GOH HAN CHEW"/>			Policyholder NI
Product Code	<input type="text" value="PRIVATE CAR INSURANCE"/>	Cover Type	<input type="text" value="drivo PREMIUM"/>	Loading
Contact No.(Mobile)	<input type="text" value="90831098"/>	Contact No.(Office)	<input type="text"/>	Contact No.(Hr
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="Yes"/>	NCD Entitlement(%)	<input type="text" value="50"/>	Private Hire

▼ **Accident Details**

Report Date	<input type="text" value="07/10/2020 10:27"/>	Accident Report Within 24 hrs	<input type="text" value="Yes"/>	Accident Type
Date of Accident	<input type="text" value="23/09/2020"/>	Time of Accident hh:mm	<input type="text" value="10:45"/>	Country of Acc
Reporting Centre	<input type="text"/>	Orange Force		ICM No.
Accident Location	<input type="text" value="BLK 108 SPOTTISWOODE PARK ROAD"/>			

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	<input type="text" value="100.00"/>	
OD Standard Excess	<input type="text" value="0.00"/>	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" value="0"/>			
Total OD Excess Applicable	<input type="text" value="0.00"/>	Total TP Excess Applicable	<input type="text" value="0.00"/>	

▼ **Benefits**

Coverage	Sum Insured
Excess Waiver	<input type="text" value="99999999.99"/>

▼ **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 104 #08-114"/>	Address 2	<input type="text" value="SPOTTISWOODE PARK ROAD"/>	Address 3
Address 4	<input type="text"/>	Address Type	<input type="text" value="Singapore address"/>	Post Code
Unit No.	<input type="text" value="08-114"/>	Related Policy Number	<input type="text" value="5098333026-02"/>	

▼ **OI Driver Info**

Driver Name	<input type="text" value="Jeremy Goh Han Chew"/>	Driver Type	<input type="text" value="Main Driver"/>	
Unnamed driver Name	<input type="text"/>	Driver NRIC	<input type="text" value="S7997136G"/>	Driver DOB
Register Date of Driver License	<input type="text" value="01/01/2016"/>	Driver Age	<input type="text" value="41"/>	Driving Experit
Contact No.(Mobile)	<input type="text" value="90831098"/>	Contact No.(Office)	<input type="text"/>	Contact No.(Hr
Address 1	<input type="text" value="BLK 104 #08-114"/>	Address 2	<input type="text" value="SPOTTISWOODE PARK ROAD"/>	Address 3
Address 4	<input type="text"/>	Address Type	<input type="text" value="Singapore address"/>	Post Code
Unit No.	<input type="text" value="08-114"/>			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	<input type="text" value="SKN7981T"/>	Driver Insurer

Declaration

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

Claim 001 **New**

Claim Type *	<input type="text" value="OD-MD"/>	Insured Name	<input type="text" value="JEF"/>
Contact No.(Mobile)	<input type="text" value="90883109"/>	Contact No.(Home)	<input type="text" value="NII"/>
Email Address	<input type="text" value="jem23_goh@yahoo.com.sg"/>		
Claim Description	<input type="text" value="SKN7981T / - ON 23 Sept 2020"/>		
Preferred Workshop Contact No.	<input type="text" value="63190100"/>	Insured Liability	<input type="text" value="Fully at Fault"/>
Finalisation	<input type="text" value="Yes"/>	Preferred Repair Option	<input type="text" value="Preferred Workshop (refer below)"/>
Date Registered	<input type="text" value="07/10/2020 10:35"/>	GIA report	<input type="text" value="Received"/>
Report Taken By	<input type="text" value="ROSLI WAHAB"/>		
<input checked="" type="checkbox"/> Print AK letter			

