

Claim Handling

Accident MT/1105985

Policy No.	5116845549	Vehicle No.	SJB3349X	GST Registrati
Certificate No.				
Policyholder Name	OWYONG HONG			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	81982113	Contact No.(Office)		Contact No.(Ho
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	08/10/2020 15:58	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/10/2020	Time of Accident hh:mm	11:50	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	CTE AFTER MOULMEIN EXIT			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	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	0.00	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 12 #04-885	Address 2	UPPER BOON KENG ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5116845549	

▼ OI Driver Info

Driver Name	OWYONG HONG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1394560H	Driver DOB
Register Date of Driver License	20/07/1982	Driver Age	61	Driving Experie
Contact No.(Mobile)	81982113	Contact No.(Office)		Contact No.(Ho
Address 1	BLK 12 #04-885	Address 2	UPPER BOON KENG ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
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	OW
Contact No.(Mobile)	97595037	Contact No. (Home)	67
Email Address		OI Vehicle Number	SJB
Claim Description	SJB3349X / SHD4655T ON 8 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			
		08/10/2020 16:00	Claim Close Date
		LIEW SHAN HUI	

Attachment

▼

Accident No.

MT/1105985

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

08/10/2020 16:01

Path *

Category *

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Choose File

No file chosen

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NO

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Message Read

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Oct 2020 16:01	NRIC/ Driving License	Y	Normal	NRIC/ Dri
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Oct 2020 16:00	Photos		Normal	Ph

▼ Video List

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