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To Do List

**Policy Query**

Notice of Loss

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="09/10/2020 11:30"/>
Vehicle No.(For Motor)	<input type="text" value="PA7548X"/>	Certificate Number	<input type="text"/>

**Search**

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5064914320-06		SINGAPORE THONG CHAI MEDICAL INSTITUTION	196000175E	GBS	Third Party, Fire & Theft	PA7548X	PA7548X	12/05/2020	11/05/2021

**Continue**

**Policy Information**

Policy No.	5064914320-06	Policyholder Name	SINGAPORE THONG CHAI MEDI	Policyholder NRIC	196000175E
Certificate No.					
Address	50 CHIN SWEE ROAD #01-00 THONG CHAI BUILDING SINGAPORE 169874				
Product Name	BUS INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	27/04/2020	Effective Date	12/05/2020 00:00	Expiry Date	11/05/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	3000	Own damage Excess	0.0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	INCOME-CUSTOMER DEPT	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

**Policyholder Mailing Address**

Address 1	50 CHIN SWEE ROAD	Address 2	#01-00 THONG CHAI BUILDING	Address 3	SINGAPORE 169874
Address 4		Address Type	Singapore address	Post Code	169874
Unit No.		Related Policy Number	5064914320-06		

**Insured Object: PA7548X**

**Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div style="display: flex; justify-content: center; gap: 10px;"> <span>Continue</span> <span>Cancel</span> </div>				

**Claim Handling**

Accident MT/1106225

Policy No.	5064914320-06	Vehicle No.	PA7548X	GST Registration No.	M90359494N
Certificate No.					
Policyholder Name	SINGAPORE THONG CHAI MEDICAL INSTITUTION			Policyholder NRIC	196000175E
Product Code	BUS INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	97987073	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text" value="N"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

**▼ Accident Details**

Report Date	12/10/2020 09:54	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	09/10/2020	Time of Accident hh:mm	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE BEFORE BRADDELL EXIT				

**▼ Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	0.00
OD Standard Excess	0.00	TP Standard Excess	3,000.00
YIED OD Excess	0.00	YIED TP Excess	
Additional Excess			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	

**▼ Benefits**

**▼ GST Registered Information**

GST Registered	Yes	GST Registration Date	01/02/2008
GST Registration No.	M90359494N	GST Status Verified	Yes
Modification History	12/10/2020 10:00:36 System changed GST Status Verified from No to Yes		

**▼ Policyholder Mailing Address**

Address 1	50 CHIN SWEE ROAD	Address 2	#01-00 THONG CHAI BUILDING	Address 3	SINGAPORE 169874
Address 4		Address Type	Singapore address	Post Code	169874
Unit No.		Related Policy Number	5064914320-06		

**▼ OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver
Unnamed driver Name	LEE CHIN CHOON	Driver NRIC	S7032123H
Register Date of Driver License	19/11/2003	Driver Age	50
Contact No.(Mobile)	97987073	Contact No.(Office)	0
Address 1	BLK 234	Address 2	BUKIT PANJANG RING ROAD
Address 4		Address Type	Singapore address
Unit No.	02-09		
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	
		Driver Insurer Company	

**Declaration**

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

**Claim 001 New**

Claim Type *	<input type="text" value="OD-MX"/>	Insured Name	SINGAPORE THONG CHAI MEDICAL INSTITUTION	Insured NRIC	196000175E
Contact No.(Mobile)	96389467	Contact No.(Home)		Contact No.(Office)	67336905
Email Address		OI Vehicle Number	PA7548X	TP Vehicle Number	GBF5561J
Claimant Type Claimant Type *	<input type="text" value="Please Select"/>	Type of Benefit *	<input type="text" value="Please Select"/>		
Claimant Name *	<input type="text" value="&gt;&gt;"/>	Claimant NRIC *			
Claimant Address	<input type="text" value=""/>				
Claim Description	PA7548X / GBF5561J ON 9 Oct 2020			Name of Preferred Workshop	<input type="text" value=""/>
Preferred Workshop Contact No.	<input type="text" value=""/>	Insured Liability *	<input type="text" value="Not at Fault"/>		
Require Finalisation	<input type="text" value="Yes"/>	Preferred Repair Option	<input type="text" value="Preferred Workshop, Name unknown"/>	GIA report	<input type="text" value="Received"/>
Date Registered	12/10/2020 10:01	Claim Close Date	<input type="text" value=""/>	Date Received	12/10/2020 00:00
Report Taken By	Jackson				

Print AK letter

**Attachment**

Accident No.	MT/1106225	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/10/2020 10:01

Path *	Category *	Confidential	Urgency *	Description *
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Oct 2020 10:01	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-10-12	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Oct 2020 10:01	SAS		Normal	SAS 2020-10-12	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Oct 2020 10:01	Photos		Normal	Photos 2020-10-12	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Oct 2020 10:01	Photos		Normal	Photos 2020-10-12	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Oct 2020 10:01	Photos		Normal	Photos 2020-10-12	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Oct 2020 10:01	Photos		Normal	Photos 2020-10-12	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Oct 2020 10:01	Photos		Normal	Photos 2020-10-12	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Oct 2020 10:01	Photos		Normal	Photos 2020-10-12	

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
<div style="display: flex; justify-content: center; gap: 10px;"> <span>Display in New Window</span> <span>Scan and uploading</span> </div>					