

Claim Handling

Accident MT/1106301

Policy No.	5119106209	Vehicle No.	SLP6607J	GST Registrati
Certificate No.				
Policyholder Name	SU JIN YONG			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	97934802	Contact No.(Office)		Contact No.(Ho
Email Address		Special Remark		eCode
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(%)	0	Private Hire
▼ Accident Details				
Report Date	12/10/2020 14:10	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	11/10/2020	Time of Accident hh:mm	16:10	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	BUANGKOK DR TWDS BUANGKOK EAST DR			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	
▼ 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 83B #06-16	Address 2	CIRCUIT ROAD	Address 3
Address 4	SINGAPORE 372083	Address Type	Singapore address	Post Code
Unit No.	06-16	Related Policy Number	5119106209	
▼ OI Driver Info				
Driver Name	SU JIN YONG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8780087C	Driver DOB
Register Date of Driver License	14/09/2020	Driver Age	32	Driving Experie
Contact No.(Mobile)	97934802	Contact No.(Office)		Contact No.(Ho
Address 1	BLK 83B #06-16	Address 2	CIRCUIT ROAD	Address 3
Address 4	SINGAPORE 372083	Address Type	Singapore address	Post Code
Unit No.	06-16			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Modification History				
Claim 001 New				

Claim Type \*

OD-MX

Insured Name

SU

Contact No.(Mobile)

97934802

Contact No. (Home)

63

Email Address

jamesboy1031@hotmail.com

OI Vehicle Number

SLI

Claim Description

SLP6607J / SGE7448L ON 11 Oct 2020

Preferred Workshop

Insured Liability

Not at Fault

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

12/10/2020 14:13

Claim Close Date

Report Taken By

LIEW SHAN HUI

☒ Print AK letter

Attachment

▼

Accident No.

MT/1106301

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

12/10/2020 14:13

Path \*

Category \*

Confider

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

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NO

Choose File

No file chosen

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NO

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NO

Message Read

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Oct 2020 14:13	SAS		Normal	S/
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Oct 2020 14:13	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Oct 2020 14:13	Photos		Normal	Phc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Oct 2020 14:13	Photos		Normal	Phc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Oct 2020 14:13	Photos		Normal	Phc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Oct 2020 14:13	Photos		Normal	Phc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Oct 2020 14:13	Photos		Normal	Phc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Oct 2020 14:13	Photos		Normal	Phc

▼ Video List

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