

Claim Handling

Accident MT/1106593

Policy No.	5118523144	Vehicle No.	SMM1296J	GST Registrati
Certificate No.				
Policyholder Name	NG RI HUA			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	90107030	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	14/10/2020 16:50	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	14/10/2020	Time of Accident hh:mm	13:40	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	JURONG WEST AVENUE 1 TRAFFIC LIGHT			

▼ 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 405 #10-613	Address 2	JURONG WEST STREET 42	Address 3
Address 4	SINGAPORE 640405	Address Type	Singapore address	Post Code
Unit No.	10-613	Related Policy Number	5118523144	

▼ OI Driver Info

Driver Name	Ng Ri Hua (Huang RiHua)	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8436616A	Driver DOB
Register Date of Driver License	01/01/2007	Driver Age	35	Driving Experie
Contact No.(Mobile)		Contact No.(Office)		Contact No.(H
Address 1	BLK 405 #10-613	Address 2	JURONG WEST STREET 42	Address 3
Address 4	SINGAPORE 640405	Address Type	Singapore address	Post Code
Unit No.	10-613			
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.	smm1296j	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	NG
Contact No.(Mobile)		Contact No. (Home)	56
Email Address		OI Vehicle Number	SM
Claim Description	SMM1296J / SLF6189B ON 14 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		Claim Close Date	14/10/2020 17:14
			ROSLI WAHAB
☒ Print AK letter			

Attachment

▼

Accident No.

MT/1106593

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

14/10/2020 17:15

Path *

Category *

Confider

Choose File

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Message Read

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Oct 2020 17:15	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Oct 2020 17:15	Photos		Normal	Phc
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Oct 2020 17:14	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Oct 2020 17:14	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Oct 2020 17:14	SAS		Normal	S/

Video List

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