

Claim Handling

Accident MT/1106640

Policy No.	5100408352-02	Vehicle No.	SJF6413C	GST Registrat
Certificate No.				
Policyholder Name	FIRDAUS TAN JO HAN NICHOLAS			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	91466794	Contact No.(Office)		Contact No.(Ho
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	15/10/2020 11:00	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/10/2020	Time of Accident hh:mm	08:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	JALAN BUKIT MERAH SLIP RD TOWARDS HENDERSON RD			

▼ 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 9B #07-513	Address 2	BOON TIONG ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5100408352-02	

▼ OI Driver Info

Driver Name	FIRDAUS TAN JO HAN,NICHOLAS	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8004786Z	Driver DOB
Register Date of Driver License	09/05/2001	Driver Age	40	Driving Experie
Contact No.(Mobile)	91466794	Contact No.(Office)		Contact No.(Ho
Address 1	BLK 9B #07-513	Address 2	BOON TIONG 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.	SJF6413C	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ☒ No
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Modification History

Claim 001New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop Contact No. Finalisation

Date Registered

Report Taken By

☒ Print AK letter

OD-MX

91466794

nicholasjtan@yahoo.com

SJF6413C / SLA9706R ON 15 Oct 2020

Insured Name

Contact No. (Home)

OI Vehicle Number

Insured Liability

Preferred Repair Option

GIA report

Claim Close Date

Fully at Fault

Preferred Workshop, Name unknown

Received

15/10/2020 11:02

ROS LI WAHAB

Attachment

▼

Accident No.

MT/1106640

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

15/10/2020 11:03

Path *

Category *

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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 15 Oct 2020 11:03	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Oct 2020 11:03	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Oct 2020 11:03	Photos		Normal	Phc
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Oct 2020 11:03	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Oct 2020 11:03	SAS		Normal	Su

▼ Video List

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