

Claim Handling

Accident MT/1107028

|                     |                                                               |                     |                                                               |                 |
|---------------------|---------------------------------------------------------------|---------------------|---------------------------------------------------------------|-----------------|
| Policy No.          | 5118360923                                                    | Vehicle No.         | SGG6848L                                                      | GST Registrati  |
| Certificate No.     |                                                               |                     |                                                               |                 |
| Policyholder Name   | LAU LENG LENG                                                 |                     |                                                               | Policyholder NI |
| Product Code        | PRIVATE CAR INSURANCE                                         | Cover Type          | drivo PREMIUM                                                 | Loading         |
| Contact No.(Mobile) | 93838799                                                      | Contact No.(Office) | 91459488                                                      | 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      | Yes                                                           | NCD Entitlement(%)  | 50                                                            | Private Hire    |

▼ Accident Details

|                   |                                             |                               |       |                |
|-------------------|---------------------------------------------|-------------------------------|-------|----------------|
| Report Date       | 19/10/2020 15:01                            | Accident Report Within 24 hrs | Yes   | Accident Type  |
| Date of Accident  | 18/10/2020                                  | Time of Accident hh:mm        | 22:30 | Country of Acc |
| Reporting Centre  |                                             | Orange Force                  |       | ICM No.        |
| Accident Location | 158 KALLANG WAY (S) 349245 OUTSIDE STUDIO 2 |                               |       |                |

▼ 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 | 55 FERNVALE ROAD | Address 2             | HIGH PARK RESIDENCES | Address 3 |
| Address 4 |                  | Address Type          | Singapore address    | Post Code |
| Unit No.  |                  | Related Policy Number | 5118360923           |           |

▼ OI Driver Info

|                                         |                                                               |                     |                      |                 |
|-----------------------------------------|---------------------------------------------------------------|---------------------|----------------------|-----------------|
| Driver Name                             | LAU LENG LENG                                                 | Driver Type         | Main Driver          |                 |
| Unnamed driver Name                     |                                                               | Driver NRIC         | S1537684H            | Driver DOB      |
| Register Date of Driver License         | 13/08/1982                                                    | Driver Age          | 57                   | Driving Experie |
| Contact No.(Mobile)                     | 93838799                                                      | Contact No.(Office) | 91459488             | Contact No.(Ho  |
| Address 1                               | 55 FERNVALE ROAD                                              | Address 2           | HIGH PARK RESIDENCES | Address 3       |
| Address 4                               |                                                               | Address Type        | Singapore address    | Post Code       |
| Unit No.                                |                                                               |                     |                      |                 |
| 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 type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---------------------------------------------------------------|

Modification History

Claim 001

New

|                                                     |                                    |                         |                                  |
|-----------------------------------------------------|------------------------------------|-------------------------|----------------------------------|
| Claim Type *                                        | OD-MX                              | Insured Name            | LAI                              |
| Contact No.(Mobile)                                 | 93838799                           | Contact No. (Home)      |                                  |
| Email Address                                       |                                    | OI Vehicle Number       | SG                               |
| Claim Description                                   | SGG6848L / GBB6876R ON 18 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        | 19/10/2020 15:04                 |
|                                                     |                                    |                         | LIEW SHAN HUI                    |
| <input checked="" type="checkbox"/> Print AK letter |                                    |                         |                                  |

Attachment

▼

Accident No.

MT/1107028

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

19/10/2020 15:04

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

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Message Read

Attachment List

| Attachment | Uploaded By/Date                                                                 | Category              |   | Urgency |            |
|------------|----------------------------------------------------------------------------------|-----------------------|---|---------|------------|
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>19 Oct 2020 15:04 | NRIC/ Driving License | Y | Normal  | NRIC/ Driv |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>19 Oct 2020 15:04 | SAS                   |   | Normal  | S/         |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>19 Oct 2020 15:04 | Photos                |   | Normal  | Phc        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>19 Oct 2020 15:04 | Photos                |   | Normal  | Phc        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>19 Oct 2020 15:04 | Photos                |   | Normal  | Phc        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>19 Oct 2020 15:04 | Photos                |   | Normal  | Phc        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>19 Oct 2020 15:04 | Photos                |   | Normal  | Phc        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>19 Oct 2020 15:04 | Photos                |   | Normal  | Phc        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>19 Oct 2020 15:04 | Photos                |   | Normal  | Phc        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>19 Oct 2020 15:04 | Photos                |   | Normal  | Phc        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>19 Oct 2020 15:04 | Photos                |   | Normal  | Phc        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>19 Oct 2020 15:04 | Photos                |   | Normal  | Phc        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>19 Oct 2020 15:04 | Photos                |   | Normal  | Phc        |

Video List

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