

Claim Handling

Accident MT/1107407

Policy No.	5117876333	Vehicle No.	SMT4691U	GST Registration No.
Certificate No.				
Policyholder Name	MD SHAMSUR RAHMAN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading
Contact No.(Mobile)	90681272	Contact No.(Office)		Contact No.(Home)
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	22/10/2020 11:39	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	21/10/2020	Time of Accident hh:mm	14:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BACK LANE OF BUSSORAH STREET(285 BEACH ROAD)			

▼ 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 Covered?
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	13 ST. ANNE'S WOOD	Address 2	SINGAPORE 545259	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5117876333	

▼ OI Driver Info

Driver Name	MD SHAMSUR RAHMAN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S6960261D	Driver DOB
Register Date of Driver License	22/01/1999	Driver Age	51	Driving Experience
Contact No.(Mobile)	90681272	Contact No.(Office)		Contact No.(Home)
Address 1	13 ST. ANNE'S WOOD	Address 2	SINGAPORE 545259	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.	SMT4691U	Driver Insurer Comp

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	MD SHAN
Contact No.(Mobile)	90681272	Contact No. (Home)	
Email Address		OI Vehicle Number	SMT4691
Claim Description	SMT4691U / SJD7255X ON 21 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
			22/10/2020 12:06
		Claim Close Date	

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☒ Print AK letter

Save Submit

Attachment



Claim No.	001
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Upload Date	22/10/2020 12:08
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Path *

Category *

Confidential

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No file chosen

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NO

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NO

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Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Oct 2020 12:08	Photos		Normal	Photos 2020
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Oct 2020 12:08	Photos		Normal	Photos 2020
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Oct 2020 12:08	Photos		Normal	Photos 2020
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Oct 2020 12:06	Photos		Normal	Photos 2020
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Oct 2020 12:06	Photos		Normal	Photos 2020
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Oct 2020 12:06	NRIC/ Driving License	Y	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Oct 2020 12:06	SAS		Normal	SAS 2020

▼ **Video List**

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