

Claim Handling

Accident MT/1107859

Policy No.	5108936353-01	Vehicle No.	SKJ6002Y	GST Registrati
Certificate No.				
Policyholder Name	AJISH SUNY HENRY MORRIS			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	96214620	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	26/10/2020 16:57	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	25/10/2020	Time of Accident hh:mm	12:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	BALI LANE			

▼ 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 6 #12-217	Address 2	ST. GEORGE'S LANE	Address 3
Address 4	SINGAPORE 320006	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5108936353-01	

▼ OI Driver Info

Driver Name	AJISH SUNY HENRY MORRIS	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7774351J	Driver DOB
Register Date of Driver License	12/04/2005	Driver Age	43	Driving Experie
Contact No.(Mobile)	96214620	Contact No.(Office)		Contact No.(Ho
Address 1	BLK 6 #12-217	Address 2	ST. GEORGE'S LANE	Address 3
Address 4	SINGAPORE 320006	Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		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

AJ

Contact No.(Mobile)

91861270

Contact No. (Home)

67

Email Address

OI Vehicle Number

SK

Claim Description

SKJ6002Y / SCQ8227K ON 25 Oct 2020

Preferred Workshop

Insured Liability

Not at Fault

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Contact No. Finalisation

Yes

Date Registered

26/10/2020 16:59

Claim Close Date

Report Taken By

LIEW SHAN HUI

☒ Print AK letter

Attachment

▼

Accident No.

MT/1107859

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

26/10/2020 17:00

Path *

Category *

Confider

Choose File

No file chosen

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No file chosen

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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 26 Oct 2020 17:00	SAS		Normal	S/
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Oct 2020 17:00	NRIC/ Driving License	Y	Normal	NRIC/ Driv
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Oct 2020 16:59	Photos		Normal	Phc

▼ Video List

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