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GeneralClaim

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Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5118522183		LEE YUET WENG	S2021921A	GPC	drive CLASSIC	SGB8886P	SGB8886P	05/08/2020	04/08/2021

Policy Information

Policy No.	5118522183	Policyholder Name	LEE YUET WENG	Policyholder NRIC	S2021921A
Certificate No.					
Address	131 HEMMANT RD SINGAPORE 438685				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	05/08/2020	Effective Date	05/08/2020 00:00	Expiry Date	04/08/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	SININS AGENCY PTE. LTD.	Agent Tel.	69503050	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	131 HEMMANT RD	Address 2	SINGAPORE 438685	Address 3	
Address 4		Address Type	Singapore address	Post Code	438685
Unit No.		Related Policy Number	5118522183		

Insured Object: SGB8886P

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	06/08/2020 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 06 Aug 2020, the following policy details are amended as follows: HIRE PURCHASE COMPANY: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD CHASSIS NUMBER: WDD2120362B141060 ENGINE NUMBER: 27492030358218 VEHICLE REGISTRATION NUMBER: SGB8886P ORIGINAL REGISTRATION DATE: 16 Apr 2015

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Claim Handling

Accident MT/1107898

Policy No.	5118522183	Vehicle No.	SGB8886P	GST Registration No.	
Certificate No.					
Policyholder Name	LEE YUET WENG			Policyholder NRIC	S2021921A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96693338	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	Nc
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	26/10/2020 18:41	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	25/10/2020	Time of Accident hh:mm	06:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEDOK NORTH AVE 3				

▼ 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?	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	131 HEMMANT RD	Address 2	SINGAPORE 438685	Address 3	
Address 4		Address Type	Singapore address	Post Code	438685
Unit No.		Related Policy Number	5118522183		

▼ OI Driver Info

Driver Name	LEE YUET WENG	Driver Type	Main Driver	Driver DOB	16/11/1947
Unnamed driver Name		Driver NRIC	S2021921A	Driving Experience	54
Register Date of Driver License	26/04/1966	Driver Age	72	Contact No.(Home)	0
Contact No.(Mobile)	96693338	Contact No.(Office)	0	Address 3	
Address 1	131 HEMMANT RD	Address 2	SINGAPORE 438685	Post Code	438685
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Company	

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	LEE YUET WENG	Insured NRIC	S2021921A
Contact No.(Mobile)	96693338	Contact No.(Home)	67471869	Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SGB8886P	TP Vehicle Number	SLT7587E
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SGB8886P / SLT7587E ON 25 Oct 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	26/10/2020 18:43	Claim Close Date		Date Received	26/10/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1107898	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	26/10/2020 18:48

Path *	Category *	Confidential	Urgency *	Description *

