

Claim Handling

Accident MT/1108003

Policy No.	<input type="text" value="5117409565"/>	Vehicle No.	<input type="text" value="SJW9932L"/>	GST Registrati
Certificate No.	<input type="text" value="5117409565-000001"/>			
Policyholder Name	<input type="text" value="MEGA CAR LEASING"/>			Policyholder NI
Product Code	<input type="text" value="FLEET MASTER INSURANCE"/>	Cover Type	<input type="text" value="Third Party, Fire & Theft"/>	Loading
Contact No.(Mobile)	<input type="text" value="86994326"/>	Contact No.(Office)	<input type="text"/>	Contact No.(H
Email Address	<input type="text"/>	Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	<input type="text" value="No"/>	NCD Entitlement(%)	<input type="text" value="0"/>	Private Hire

▼ **Accident Details**

Report Date	<input type="text" value="27/10/2020 14:15"/>	Accident Report Within 24 hrs	<input type="text" value="Yes"/>	Accident Type
Date of Accident	<input type="text" value="26/10/2020"/>	Time of Accident hh:mm	<input type="text" value="17:15"/>	Country of Acc
Reporting Centre	<input type="text"/>	Orange Force		ICM No.
Accident Location	<input type="text" value="ALONG YIO CHU KANG RD TWDS YIO CHU KANG LINK"/>			

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	<input type="text"/>	
OD Standard Excess	<input type="text"/>	TP Standard Excess	<input type="text" value="1,500.00"/>	
YIED OD Excess	<input type="text" value="0.00"/>	YIED TP Excess	<input type="text" value="0.00"/>	Driver is Cover
Additional Excess	<input type="text" value="0"/>			
Total OD Excess Applicable	<input type="text" value="0.00"/>	Total TP Excess Applicable	<input type="text" value="1,500.00"/>	

▼ **Benefits**

▼ **GST Registered Information**

GST Registered	<input type="text" value="No"/>	GST Registration Date	<input type="text"/>
GST Registration No.	<input type="text"/>	GST Status Verified	<input type="text" value="Yes"/>
Modification History	<input type="text" value="27/10/2020 14:17:47 System changed GST Status Verified from No to Yes"/>		

▼ **Policyholder Mailing Address**

Address 1	<input type="text" value="BLK 152 #04-326"/>	Address 2	<input type="text" value="SERANGOON NORTH AVENUE 1"/>	Address 3
Address 4	<input type="text"/>	Address Type	<input type="text" value="Singapore address"/>	Post Code
Unit No.	<input type="text"/>	Related Policy Number	<input type="text" value="5117409565"/>	

▼ **OI Driver Info**

Driver Name	<input type="text" value="Unnamed Driver"/>	Driver Type	<input type="text" value="Unnamed Driver"/>	
Unnamed driver Name	<input type="text" value="NEO GIM HUAT (LIANG JINFAN)"/>	Driver NRIC	<input type="text" value="S7101503C"/>	Driver DOB
Register Date of Driver License	<input type="text" value="20/02/2004"/>	Driver Age	<input type="text" value="49"/>	Driving Experie
Contact No.(Mobile)	<input type="text" value="97672649"/>	Contact No.(Office)	<input type="text"/>	Contact No.(Hr
Address 1	<input type="text" value="BLK 470B #23-440"/>	Address 2	<input type="text" value="FERNVALE LINK"/>	Address 3
Address 4	<input type="text" value="SINGAPORE 792470"/>	Address Type	<input type="text" value="Singapore address"/>	Post Code
Unit No.	<input type="text" value="23-440"/>			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	<input type="text"/>	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	<input type="text" value="0 mg"/>	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
-------------------------------------	-----------------------------------	-------------	---

Modification History

Claim 001 **New**

Claim Type *	<input type="text" value="OD-MX"/>	Insured Name	<input type="text" value="ME"/>
Contact No.(Mobile)	<input type="text"/>	Contact No. (Home)	<input type="text"/>
Email Address	<input type="text"/>	OI Vehicle Number	<input type="text" value="SJW"/>
Claim Description	<input type="text" value="SJW9932L / SHD5414R ON 26 Oct 2020"/>		
Preferred Workshop	<input type="text"/>	Insured Liability	<input type="text" value="Not at Fault"/>
Contact No. Finalisation	<input type="text" value="Yes"/>	Preferred Repair Option	<input type="text" value="Preferred Workshop, Name unknown"/>
Date Registered	<input type="text" value="27/10/2020 14:18"/>	GIA report	<input type="text" value="Received"/>
Report Taken By	<input type="text" value="LIEW SHAN HUI"/>		
<input type="checkbox"/> Claim Close Date			

Print AK letter

Save Submit

Attachment

Accident No. Claim No.
 Last Doc. Received Yes No Upload Date

Path *	Category *	Confider
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Message Read"/>		

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2020 14:21	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2020 14:21	SAS		Normal	S/
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2020 14:21	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2020 14:21	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2020 14:20	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2020 14:20	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2020 14:20	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2020 14:20	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2020 14:20	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2020 14:20	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2020 14:19	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2020 14:19	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2020 14:19	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2020 14:19	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2020 14:19	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2020 14:19	Photos		Normal	Phc

Video List

Uploaded By/Date	Folder Date	File Name	
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>			