

Claim Handling

Accident MT/1108128

Policy No.	5119381711	Vehicle No.	SMV5922L	GST Registration No.
Certificate No.				
Policyholder Name	ANG YI XU, NELSON			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	98632810	Contact No.(Office)		Contact No.(Home)
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	No	NCD Entitlement(%)	0	Private Hire
▼ Accident Details				
Report Date	28/10/2020 10:46	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	27/10/2020	Time of Accident hh:mm	18:35	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BEDOK RD (SIMPANG BEDOK MARKET PLACE)			

▼ 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	BLK 225 #10-66	Address 2	SIMEI STREET 4	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	10-66	Related Policy Number	5119381711	

▼ OI Driver Info

Driver Name	ANG YI XU NELSON	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8923202C	Driver DOB
Register Date of Driver License	16/06/2008	Driver Age	31	Driving Experience
Contact No.(Mobile)	98632810	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 225 #10-66	Address 2	SIMEI STREET 4	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	10-66			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company

Declaration

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

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Claim 001

New

Claim Type *	OD-MX	Insured Name	ANG YI XU, NELSON	Insured NRIC
Contact No.(Mobile)	90127214	Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	SMV5922L	TP Vehicle Number
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select	
Claimant Name *		Claimant NRIC *		
Claimant Address				
Claim Description	SMV5922L / GY5710L ON 27 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
Date Registered	28/10/2020 10:58	Claim Close Date		Date Received
Report Taken By	SHAN HUI			
<input checked="" type="checkbox"/> Print AK letter				

Save Submit













Attachment

Accident No. **MT/1108128** Claim No. **001**
 Last Doc. Received ☒ Yes ☐ No Upload Date **28/10/2020 10:59**

Path *	Category *	Confidential	Urgency
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Oct 2020 10:59	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-10-
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Oct 2020 10:59	SAS		Normal	SAS 2020-10-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Oct 2020 10:59	Photos		Normal	Photos 2020-10-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Oct 2020 10:59	Photos		Normal	Photos 2020-10-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Oct 2020 10:59	Photos		Normal	Photos 2020-10-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Oct 2020 10:58	Photos		Normal	Photos 2020-10-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Oct 2020 10:58	Photos		Normal	Photos 2020-10-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Oct 2020 10:58	Photos		Normal	Photos 2020-10-28
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Oct 2020 10:58	Photos		Normal	Photos 2020-10-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Oct 2020 10:58	Photos		Normal	Photos 2020-10-28

Video List

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