

Claim Handling

Accident MT/1109526

Policy No.	5063589298-07	Vehicle No.	SJX6156A	GST Registration No.	
Certificate No.					
Policyholder Name	ONG BEE PHENG			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	
Contact No.(Mobile)	NA	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	Yes	NCD Entitlement(%)	50	Private Hire	
▼ Accident Details					
Report Date	09/11/2020 16:52	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	07/11/2020	Time of Accident hh:mm	14:00	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TOWARDS CHANGI BEFORE EXIT 15				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
▼ Benefits					
Coverage		Sum Insured			
Excess Waiver		99999999.99			
Transport Allowance		99999999.99			
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 26 #09-409	Address 2	CHAI CHEE ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5063589298-07		
▼ OI Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp	
Modification History					

Claim 002

New

Claim Type *	OD-MD	Insured Name	ONG BEE
Contact No.(Mobile)	91073910	Contact No. (Home)	6243179
Email Address	cyclone_1230@hotmail.com	OI Vehicle Number	SJX6156A
Claim Description	SJX6156A / SLB3769T ON 7 Nov 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Contract No. Finalisation	Yes	Preferred Repair Option	income to assign workshop
Date Registered		GIA report	Received
Report Taken By	SHAN HUI		
	09/11/2020 19:50	Claim Close Date	

☒ Print AK letter

Save Submit

Attachment

▼

Accident No.

MT/1109526

Claim No.

002

Last Doc. Received

☒ Yes ☐ No

Upload Date

09/11/2020 19:50

Path \*

Choose File

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No file chosen

Choose File

No file chosen

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No file chosen

Message Read

Category \*

Confidential

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NO

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NO

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NO

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NO

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Nov 2020 19:50	NRIC/ Driving License	Y	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Nov 2020 19:50	SAS		Normal	SAS 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Nov 2020 19:50	Photos		Normal	Photos 2
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Nov 2020 19:50	Photos		Normal	Photos 2

Video List

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