

Claim Handling

Accident MT/1109449

Policy No.	<input type="text" value="5103002192-02"/>	Vehicle No.	<input type="text" value="SLS3737X"/>	GST Registration No.	
Certificate No.	<input type="text"/>				
Policyholder Name	<input type="text" value="RAMESH KUMAR S/O DHINAKARAN"/>			Policyholder NRIC	
Product Code	<input type="text" value="PRIVATE CAR INSURANCE"/>	Cover Type	<input type="text" value="drivo CLASSIC"/>	Loading	
Contact No.(Mobile)	<input type="text" value="NA"/>	Contact No.(Office)	<input type="text"/>	Contact No.(Home)	
Email Address	<input type="text"/>	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	<input type="text" value="Yes"/>	NCD Entitlement(%)	<input type="text" value="50"/>	Private Hire	

▼ **Accident Details**

Report Date	<input type="text" value="09/11/2020 13:51"/>	Accident Report Within 24 hrs	<input type="text" value="Yes"/>	Accident Type	
Date of Accident	<input type="text" value="05/11/2020"/>	Time of Accident hh:mm	<input type="text" value="20:45"/>	Country of Accident	
Reporting Centre	<input type="text"/>	Orange Force		ICM No.	
Accident Location	<input type="text" value="BLK 261 /263 SERANGOON CENTRAL DRIVE CARPARK"/>				

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	<input type="text" value="100.00"/>	
OD Standard Excess	<input type="text" value="600.00"/>	TP Standard Excess	<input type="text" value="0.00"/>	
YIED OD Excess	<input type="text"/>	YIED TP Excess	<input type="text"/>	Driver is Covered?
Additional Excess	<input type="text" value="0"/>			
Total OD Excess Applicable	<input type="text" value="600.00"/>	Total TP Excess Applicable	<input type="text" value="0.00"/>	

▼ **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"/>		

▼ **Policyholder Mailing Address**

Address 1	<input type="text" value="43A LORONG ONG LYE"/>	Address 2	<input type="text" value="SINGAPORE 536414"/>	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="5103002192-02"/>		

▼ **OI Driver Info**

Driver Name	<input type="text"/>	Driver Type	<input type="text"/>	Driver DOB	
Unnamed driver Name	<input type="text"/>	Driver NRIC	<input type="text"/>	Driving Experience	
Register Date of Driver License	<input type="text"/>	Driver Age	<input type="text"/>	Contact No.(Home)	
Contact No.(Mobile)	<input type="text"/>	Contact No.(Office)	<input type="text"/>	Address 3	
Address 1	<input type="text"/>	Address 2	<input type="text"/>	Post Code	
Address 4	<input type="text"/>	Address Type	<input type="text" value="Foreign address"/>		
Unit No.	<input type="text"/>				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	<input type="text"/>	Driver Insurer Comp:	

Modification History

Claim 002 **New**

Claim Type *	<input type="text" value="OD-MX"/>	Insured Name	<input type="text" value="RAMESH"/>
Contact No.(Mobile)	<input type="text"/>	Contact No. (Home)	<input type="text" value="NIL"/>
Email Address	<input type="text"/>	OI Vehicle Number	<input type="text" value="SLS3737X"/>
Claim Description	<input type="text" value="SLS3737X / UNKNOWN ON 5 Nov 2020"/>		
Preferred Workshop	<input type="text"/>	Insured Liability	<input type="text" value="Partially at Fault"/>
Benefit No. Finalisation	<input type="text" value="Yes"/>	Preferred Repair Option	<input type="text" value="Preferred Workshop, Name unknown"/>
Date Registered	<input type="text" value="13/11/2020 17:31"/>	GIA report	<input type="text" value="Received"/>
Report Taken By	<input type="text" value="LIEW SHAN HUI"/>		
<input checked="" type="checkbox"/> Print AK letter		Claim Close Date	<input type="text"/>

Save Submit

Attachment

Accident No. MT/1109449 Claim No. 002
Last Doc. Received Yes No Upload Date 13/11/2020 17:31

Form with file upload buttons (Choose File), clear buttons, category dropdowns, and confidential status dropdowns.

Attachment List

Table with columns: Attachment, Uploaded By/Date, Category, Urgency, and Descr. Contains 8 rows of attachment details including file icons and descriptions.

Video List

Table with columns: Uploaded By/Date, Folder Date, File Name. Includes buttons for 'Display in New Window' and 'Scan and uploading'.