

Claim Handling

Accident MT/1110303

Policy No.	5094371459-03	Vehicle No.	SLB7481X	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD KHIDIR BIN ALI			Policyholder NRIC	S8931401A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	96683547	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
▼ Accident Details					
Report Date	16/11/2020 18:03	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	11/11/2020	Time of Accident hh:mm	13:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PASIR RIS ST 11				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	1,100.00	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 143 #01-115	Address 2	PASIR RIS STREET 11	Address 3	SINGAPORE 510143
Address 4		Address Type	Singapore address	Post Code	510143
Unit No.		Related Policy Number	5094371459-03		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SITI RAUDAH BINTE MOHD AMI	Driver NRIC	S9313715I	Driver DOB	26/04/1993
Register Date of Driver License	16/03/2018	Driver Age	27	Driving Experience	2
Contact No.(Mobile)	96683547	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 143	Address 2	PASIR RIS STREET 11	Address 3	SINGAPORE 510143
Address 4		Address Type	Singapore address	Post Code	510143
Unit No.	#01-115				
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		
Modification History					

Claim 001 OD-MD New

Claim Type *	OD-MD	Insured Name	MUHAMMAD KHIDIR BIN ALI	Insured NRIC		
Contact No.(Mobile)	96683547	Contact No. (Home)		Contact No. (Office)		
Email Address	MUHAMMADKHIDIRBINALI@GM	Vehicle Number	SLB7481X	TP Vehicle Number		
Claim Description	SLB7481X / SG1060H ON 11 Nov 2020				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault			
Contact No. Finalisation	Yes	Repair Option	income to assign workshop	GIA report	Received	
Date Registered	16/11/2020 18:09	Claim Close Date		Date Received		
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired		
☒ Print AK letter				OD Excess Collected by Workshop		

Save Submit

Attachment

11/16/2020

Claim Handling(accident reporting Claim Task 001 OD-MD)

Last Doc. Received

Yes

No

Upload Date

16/11/2020 00:00

Path *

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2020 18:09	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2020 18:09	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2020 18:08	SAS		Normal	SAS 2020-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2020 18:08	Photos		Normal	Photos 2020-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2020 18:08	Photos		Normal	Photos 2020-11-16
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2020 18:07	Photos		Normal	Photos 2020-11-16
 Video List					
Uploaded By/Date	Folder Date	File Name		Source	
		Display in New Window	Scan and uploading		