

Claim Handling

Accident MT/1110231

Policy No.	5098921722-02	Vehicle No.	SJC5692K	GST Registration No.	
Certificate No.					
Policyholder Name	ISMAIL BIN JURAINEE			Policyholder NRIC	S1351011C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	16/11/2020 15:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head on
Date of Accident	15/11/2020	Time of Accident hh:mm	22:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG PIE				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess	0.00				
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 532 #03-718	Address 2	BEDOK NORTH STREET 3	Address 3	SINGAPORE 460532
Address 4		Address Type	Singapore address	Post Code	460532
Unit No.		Related Policy Number	5098921722-02		

▼ 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?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Company	
Modification History					

Claim 003 OD-MD New

Claim Type *	OD-MD	Insured Name	ISMAIL BIN JURAINEE	Insured NRIC	
Contact No.(Mobile)	93261748	Contact No.(Home)	64420414	Contact No.(Office)	
Email Address	ISMAJU@HOTMAIL.SG	Vehicle Number	SJC5692K	TP Vehicle Number	
Claim Description	SJC5692K / DIVIDER ON 15 Nov 2020				
Preferred Workshop Finalisation	Yes	Insured Liability	Fully at Fault	GIA report	Received
Date Registered	17/11/2020 10:31	Claim Close Date		Date Received	
Report Taken By	ROSILINDA	Workshop Repairer		Total Loss but Repaired	
☒ Print AK letter				OD Excess Collected by Workshop	

Save Submit

Attachment

▼

Accident No.	MT/1110231	Claim No.	003
Last Doc. Received	☒ Yes ☐ No	Upload Date	17/11/2020 00:00

Path *

Choose File No file chosen

Clear

Category *

Please Select

Confidential

NO

Urgency *

Normal

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

 Video List

<https://gicclaim.income.com.sg/qcs/icm/eclaim/claimantSave.do?stpe=1&saction=&odOrTp=1&isWorkshop=&reqCheck=1&taskInstanceId=0&taskId=0...> 2/2