

Claim Handling

Accident MT/1110451

Policy No.	5115396476	Vehicle No.	SFY8388B	GST Registration No.	
Certificate No.					
Policyholder Name	LOH NGIAP NONG			Policyholder NRIC	S0157736J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
Contact No.(Mobile)	96989353	Contact No.(Office)	0	Contact No.(Home)	0
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	17/11/2020 15:52	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parke
Date of Accident	17/11/2020	Time of Accident hh:mm	13:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	35 KOVAN ROAD BASEMENT CARPARK				
▼ 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?	Covered
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	35 KOVAN ROAD	Address 2	#08-43 KOVAN MELODY	Address 3	SINGAPORE 545019
Address 4		Address Type	Singapore address	Post Code	545019
Unit No.	#08-43	Related Policy Number	5115396476		
▼ OI Driver Info					
Driver Name	LOH NGIAP NONG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S0157736J	Driver DOB	20/12/1953
Register Date of Driver License	15/03/1979	Driver Age	66	Driving Experience	41
Contact No.(Mobile)	96989353	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	35 KOVAN ROAD	Address 2	KOVAN MELODY	Address 3	SINGAPORE 545019
Address 4		Address Type	Singapore address	Post Code	545019
Unit No.	#08-43				
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-MX New

Claim Type *	OD-MX	Insured Name	LOH NGIAP NONG	Insured NRIC		
Contact No.(Mobile)	96989353	Contact No. (Home)		Contact No. (Office)		
Email Address		OI Vehicle Number	SFY8388B	TP Vehicle Number		
Claim Description	SFY8388B / SKB2691B ON 17 Nov 2020				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault			
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered		Claim Close Date	17/11/2020 15:57	Date Received		
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired		
☒ Print AK letter						

Save Submit

Attachment

11/17/2020

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

Last Doc. Received

Yes

No

Upload Date

17/11/2020 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 17 Nov 2020 15:56	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-11-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Nov 2020 15:56	SAS		Normal	SAS 2020-11-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Nov 2020 15:56	Photos		Normal	Photos 2020-11-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Nov 2020 15:56	Photos		Normal	Photos 2020-11-17
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Nov 2020 15:55	Photos		Normal	Photos 2020-11-17

Video List

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