

Claim Handling

Accident MT/1111136

Policy No.	5119269685	Vehicle No.	SJZ9468U	GST Registrati
Certificate No.				
Policyholder Name	TEO SEH LENG			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	87265008	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
▼ Accident Details				
Report Date	23/11/2020 17:55	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	20/11/2020	Time of Accident hh:mm	10:40	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	255 ALEXANDRA ROAD			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	2500.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	3100.00	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 121 #06-191	Address 2	SERANGOON NORTH AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5119269685	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	CLYFF TAN LU SHEN	Driver NRIC	S9744478A	Driver DOB
Register Date of Driver License	13/10/2016	Driver Age	22	Driving Experie
Contact No.(Mobile)	87265008	Contact No.(Office)		Contact No.(H
Address 1	BLK 121 #06-191	Address 2	SERANGOON NORTH AVENUE 1	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	06-191			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SJZ9468U	Driver Insurer
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Modification History				

Claim 001

New

Claim Type *	OD-MX	Insured Name	TEO SEH LENG
Contact No.(Mobile)	86604865	Contact No. (Home)	62111111
Email Address	JOTEOSL@HOTMAIL.COM	OI Vehicle Number	SJZ9468U
Claim Description	SJZ9468U / SMU6478B ON 20 Nov 2020		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	
<input checked="" type="checkbox"/> Print AK letter			

Attachment

▼

Accident No.

MT/1111136

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

23/11/2020 18:01

Path *

Category *

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▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Nov 2020 18:01	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Nov 2020 18:01	Photos		Normal	Phc
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Nov 2020 17:59	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Nov 2020 17:59	SAS		Normal	S/

▼ Video List

Uploaded By/Date	Folder Date	File Name	
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