

Claim Handling

Accident MT/1110995

Policy No.	<input type="text" value="5115316941"/>	Vehicle No.	<input type="text" value="SMR1064K"/>	GST Registration No.	<input type="text"/>
Certificate No.	<input type="text"/>				
Policyholder Name	SOMA SUNDAM SHIVANESH			Policyholder NRIC	<input type="text" value="S8903092G"/>
Product Code	<input type="text" value="PRIVATE CAR INSURANCE"/>	Cover Type	<input type="text" value="drivo CLASSIC"/>	Loading	<input type="text" value="0"/>
Contact No.(Mobile)	<input type="text" value="90011874"/>	Contact No.(Office)	<input type="text"/>	Contact No.(Home)	<input type="text"/>
Email Address	<input type="text"/>	Special Remark	<input type="text"/>	eCode	<input type="text" value="No"/>
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	<input type="text"/>
NCD Protection	<input type="text" value="No"/>	NCD Entitlement(%)	<input type="text" value="0"/>	Private Hire	<input type="text" value="No"/>

▼ **Accident Details**

Report Date	<input type="text" value="23/11/2020 11:29"/>	Accident Report Within 24 hrs	<input type="text" value="Yes"/>	Accident Type	<input type="text" value="Collision - Head to R"/>
Date of Accident	<input type="text" value="21/11/2020"/>	Time of Accident hh:mm	<input type="text" value="16:50"/>	Country of Accident	<input type="text" value="Singapore"/>
Reporting Centre	<input type="text"/>	Orange Force	<input type="text"/>	ICM No.	<input type="text"/>
Accident Location	<input type="text" value="UPPER SERANGOON ROAD"/>				

▼ **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"/>	Driver is Covered?	<input type="text" value="Covered"/>
YIED OD Excess	<input type="text" value="0.00"/>	YIED TP Excess	<input type="text" value="0.00"/>		
Additional Excess	<input type="text" value="0"/>	Total TP Excess Applicable	<input type="text" value="0.00"/>		
Total OD Excess Applicable	<input type="text" value="600.00"/>				

▼ **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="BLK 835 #11-121"/>	Address 2	<input type="text" value="WOODLANDS STREET 83"/>	Address 3	<input type="text" value="SINGAPORE 730835"/>
Address 4	<input type="text"/>	Address Type	<input type="text" value="Singapore address"/>	Post Code	<input type="text" value="730835"/>
Unit No.	<input type="text"/>	Related Policy Number	<input type="text" value="5115316941"/>		

▼ **OI Driver Info**

Driver Name	SOMA SUNDAM SHIVANESH	Driver Type	Main Driver		
Unnamed driver Name	<input type="text"/>	Driver NRIC	<input type="text" value="S8903092G"/>	Driver DOB	<input type="text" value="24/01/1989"/>
Register Date of Driver License	<input type="text" value="16/05/2014"/>	Driver Age	<input type="text" value="31"/>	Driving Experience	<input type="text" value="6"/>
Contact No.(Mobile)	<input type="text" value="90011874"/>	Contact No.(Office)	<input type="text"/>	Contact No.(Home)	<input type="text"/>
Address 1	<input type="text" value="BLK 835 #11-121"/>	Address 2	<input type="text" value="WOODLANDS STREET 83"/>	Address 3	<input type="text" value="SINGAPORE 730835"/>
Address 4	<input type="text"/>	Address Type	<input type="text" value="Singapore address"/>	Post Code	<input type="text" value="730835"/>
Unit No.	<input type="text"/>	Driver Vehicle No.	<input type="text"/>	Driver Insurer Company	<input type="text"/>
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

Breathalyser or Blood Test Reading?	<input type="text" value="0 mg"/>	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	<input type="text" value="OD-MX"/>	Insured Name	<input type="text" value="SOMA SUNDAM SHIVANESH"/>	Insured NRIC	<input type="text"/>	
Contact No.(Mobile)	<input type="text" value="90011874"/>	Contact No.(Home)	<input type="text"/>	Contact No.(Office)	<input type="text"/>	
Email Address	<input type="text" value="corporatemanthras@gmail.com"/>	OI Vehicle Number	<input type="text" value="SMR1064K"/>	TP Vehicle Number	<input type="text"/>	
Claim Description	<input type="text" value="SMR1064K / SGJ8745X ON 21 Nov 2020"/>				Name of Preferred Workshop	<input type="text"/>
Preferred Workshop	<input type="text"/>	Insured Liability	<input type="text" value="Not at Fault"/>			
Contact No. Finalisation	<input type="text" value="Yes"/>	Preferred Repair Option	<input type="text" value="Preferred Workshop, Name unknown"/>	GIA report	<input type="text" value="Received"/>	
Date Registered	<input type="text" value="23/11/2020 11:35"/>	Claim Close Date	<input type="text"/>	Date Received	<input type="text"/>	
Report Taken By	<input type="text" value="SHAN HUI"/>					

Print AK letter

▼ **Attachment**

Accident No.	<input type="text" value="MT/1110995"/>	Claim No.	<input type="text" value="001"/>
Last Doc. Received	<input type="radio"/> Yes <input type="radio"/> No	Upload Date	<input type="text" value="23/11/2020 11:36"/>

Path *

Category *

Confidential

Urgency *

- No file chosen
-

<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2020 11:36	SAS		Normal	SAS 2020-11-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2020 11:36	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-11-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2020 11:36	Photos		Normal	Photos 2020-11-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2020 11:36	Photos		Normal	Photos 2020-11-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2020 11:36	Photos		Normal	Photos 2020-11-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2020 11:36	Photos		Normal	Photos 2020-11-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2020 11:35	Photos		Normal	Photos 2020-11-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2020 11:35	Photos		Normal	Photos 2020-11-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2020 11:35	Photos		Normal	Photos 2020-11-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2020 11:35	Photos		Normal	Photos 2020-11-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2020 11:35	Photos		Normal	Photos 2020-11-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2020 11:35	Photos		Normal	Photos 2020-11-23

Video List

Uploaded By/Date	Folder Date	File Name		Source
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