

Claim Handling

Accident MT/1111063

Policy No.	5087546428-03	Vehicle No.	SKZ8444H	GST Registration No.	
Certificate No.					
Policyholder Name	NANCY LOW POH CHOO			Policyholder NRIC	S0150531I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	96808647	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	23/11/2020 15:23	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to R
Date of Accident	21/11/2020	Time of Accident hh:mm	15:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	GRANGE RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
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 124 #13-31	Address 2	GEYLANG EAST AVENUE 1	Address 3	SINGAPORE 380124
Address 4		Address Type	Singapore address	Post Code	380124
Unit No.		Related Policy Number	5087546428-03		

OI Driver Info

Driver Name	Chionh Hao Ken	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S9224558F	Driver DOB	18/07/1992
Register Date of Driver License	17/01/2020	Driver Age	28	Driving Experience	0
Contact No.(Mobile)	94878780	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 124 #13-31	Address 2	GEYLANG EAST AVENUE 1	Address 3	GEYLANG EAST GR
Address 4	SINGAPORE 380124	Address Type	Singapore address	Post Code	380124
Unit No.	13-31				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Modification History	
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Claim 001 New

Claim Type *	OD-MX	Insured Name	NANCY LOW POH CHOO	Insured NRIC		
Contact No.(Mobile)	96808647	Contact No.(Home)	62723200	Contact No.(Office)		
Email Address	nancychionh@hotmail.com	OI Vehicle Number	SKZ8444H	TP Vehicle Number		
Claim Description	SKZ8444H / EK6831J ON 21 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	23/11/2020 15:26	Date Received		
Report Taken By	SHAN HUI					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1111063	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/11/2020 15:26

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 15:26	SAS		Normal	SAS 2020-11-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2020 15:26	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-11-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2020 15:26	Photos		Normal	Photos 2020-11-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2020 15:26	Photos		Normal	Photos 2020-11-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2020 15:26	Photos		Normal	Photos 2020-11-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2020 15:26	Photos		Normal	Photos 2020-11-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2020 15:26	Photos		Normal	Photos 2020-11-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2020 15:26	Photos		Normal	Photos 2020-11-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2020 15:26	Photos		Normal	Photos 2020-11-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2020 15:26	Photos		Normal	Photos 2020-11-23

Video List

Uploaded By/Date	Folder Date	File Name		Source
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				