

Claim Handling

Accident MT/1111566

Policy No.	5111345384-01	Vehicle No.	GBF7668Y	GST Registration No.	
Certificate No.					
Policyholder Name	KEC RECOVERY			Policyholder NRIC	53191952L
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)	98751699	Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

▼ Accident Details

Report Date	27/11/2020 07:35	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	26/11/2020	Time of Accident hh:mm	10:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF ALEXANDRA RD & TANGLIN RD				

▼ 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					
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	27/11/2020 07:38:07 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	190 MIDDLE ROAD	Address 2	#10-08 FORTUNE CENTRE	Address 3	SINGAPORE 1889
Address 4		Address Type	Singapore address	Post Code	188979
Unit No.		Related Policy Number	5111345384-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TEO WEE LEN	Driver NRIC	G8225448Q	Driver DOB	10/12/1983
Register Date of Driver License	10/05/2010	Driver Age	36	Driving Experience	10
Contact No.(Mobile)	82801138	Contact No.(Office)		Contact No.(Home)	
Address 1	59 BRIGHTON CRESCENT	Address 2	SINGAPORE 559208	Address 3	
Address 4		Address Type	Singapore address	Post Code	559208
Unit No.					
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
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Modification History

Claim 002 OD-MX New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop Contact No. Finalisation

Date Registered

Report Taken By

Insured Liability Fully at Fault

Preferred Workshop, Name unknown

GIA report Received

Claim Close Date 27/11/2020 10:26

Workshop Repairer ROSLINDA

Insured Name KEC RECOVERY

Contact No. (Home)

OI Vehicle Number GBF7668Y

Name of Preferred Workshop

Date Received

Total Loss but Repaired

☒ Print AK letter

Save

Submit

Attachment

Accident No. MT/1111566

Claim No. 002

11/27/2020

Claim Handling(Claim Task 002 OD-MX)

Last Doc. Received

Yes

No

Upload Date

27/11/2020 00:00

Path *

Choose File

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Message Read

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2020 10:26	Photos		Normal	Photos 2020-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2020 10:26	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2020 10:26	SAS		Normal	SAS 2020-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2020 10:25	Photos		Normal	Photos 2020-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2020 10:25	Photos		Normal	Photos 2020-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2020 10:25	Photos		Normal	Photos 2020-11-27
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2020 10:25	Photos		Normal	Photos 2020-11-27

Video List

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