

Claim Handling

Accident MT/1111991

Policy No.	5107161110-01	Vehicle No.	SGG1796K	GST Registration No.
Certificate No.				
Policyholder Name	JAGJIT SINGH S/O MOKAND SINGH			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	92781622	Contact No.(Office)		Contact No.(Home)
Email Address	JJIT12547@GMAIL.COM	Special Remark		eCode
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	02/12/2020 07:53	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	28/11/2020	Time of Accident hh:mm	12:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	Orchard Rd			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	

▼ 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 112 #03-1114	Address 2	HOUGANG AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5107161110-01	

▼ OI Driver Info

Driver Name	JAGJIT SINGH S/O MOKAND SINGH	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1737788D	Driver DOB
Register Date of Driver License	31/12/2016	Driver Age	54	Driving Experience
Contact No.(Mobile)	92781622	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 112 #03-1114	Address 2	HOUGANG AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Comp

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ☒ No
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Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	JAGJIT SINGH S/O MOKAND SINGH
Contact No.(Mobile)	98206809	Contact No. (Home)	NIL
Email Address		OI Vehicle Number	SGG1796K
Claim Description	SGG1796K / EE8181Y ON 28 Nov 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
			02/12/2020 09:58
		Claim Close Date	

☒ Print AK letter

Save

Submit

Attachment

Accident No.

MT/1111991

Claim No.

002

Last Doc. Received

☒ Yes ☐ No

Upload Date

02/12/2020 09:58

Path *

Category *

Confidential

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

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NO

Choose File

No file chosen

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NO

Choose File

No file chosen

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NO

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No file chosen

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NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Dec 2020 09:58	NRIC/ Driving License	Y	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Dec 2020 09:58	SAS		Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Dec 2020 09:58	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Dec 2020 09:58	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Dec 2020 09:58	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Dec 2020 09:58	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Dec 2020 09:58	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Dec 2020 09:58	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Dec 2020 09:58	Photos		Normal	Photos 2

Video List

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