

Claim Handling

Accident MT/1112041

Policy No.	5084959763-03	Vehicle No.	SKU9966M	GST Registration No.
Certificate No.				
Policyholder Name	PROMPT TRANS SERVICES			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	96871881	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	02/12/2020 11:21	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	30/11/2020	Time of Accident hh:mm	16:35	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG VICTORIA STREET / ROCHOR 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	02/12/2020 11:22:18 System changed GST Registered from Yes to No 02/12/2020 11:22:18 System changed GST Registration No. from 53347395X to null 02/12/2020 11:22:18 System changed GST Registration Date from 05/10/2016 to null		

▼ Policyholder Mailing Address

Address 1	BLK 63 #11-403	Address 2	KALLANG BAHRU	Address 3
Address 4	SINGAPORE 330063	Address Type	Singapore address	Post Code
Unit No.	11-403	Related Policy Number	5084959763-04	

▼ OI Driver Info

Driver Name	LOW MENG SUM	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1690373F	Driver DOB
Register Date of Driver License	25/10/1986	Driver Age	55	Driving Experience
Contact No.(Mobile)	96871881	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 63 #11-403	Address 2	KALLANG BAHRU	Address 3
Address 4	SINGAPORE 330063	Address Type	Singapore address	Post Code
Unit No.	11-403			
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 001

New

Claim Type *	OD-MX	Insured Name	PROMPT
Contact No.(Mobile)	NIL	Contact No. (Home)	
Email Address		OI Vehicle Number	SKU9966
Claim Description	SKU9966M / SMR3753S ON 30 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
			02/12/2020 11:23
		Claim Close Date	

☒ Print AK letter

Save

Submit

Attachment

▼

Accident No.

MT/1112041

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

02/12/2020 11:24

Path *

Choose File

No file chosen

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No file chosen

Choose File

No file chosen

Choose File

No file chosen

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No file chosen

Message Read

Clear

Category *

Confidential

Please Select

NO

Clear

Please Select

NO

Clear

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NO

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NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Dec 2020 11:24	SAS		Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Dec 2020 11:24	NRIC/ Driving License	Y	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Dec 2020 11:24	Photos		Normal	Photos 2
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Dec 2020 11:23	Photos		Normal	Photos 2

Video List

Uploaded By/Date	Folder Date	File Name
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