

Claim Handling

Accident MT/1112145

Policy No.	5119030157	Vehicle No.	SLS9384R	GST Registration No.	
Certificate No.					
Policyholder Name	TAN KAY NOR			Policyholder NRIC	S1358220C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
Contact No.(Mobile)	96854171	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	02/12/2020 18:03	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	28/11/2020	Time of Accident hh:mm	11:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BENDEMEER ROAD TWDS CITY				

▼ 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	0.00				
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 236 #02-276	Address 2	HOUGANG AVENUE 1	Address 3	SINGAPORE 530236
Address 4		Address Type	Singapore address	Post Code	530236
Unit No.	02-276	Related Policy Number	5119030157		

▼ OI Driver Info

Driver Name	LEE CHIN LIM	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S0193514C	Driver DOB	09/12/1952
Register Date of Driver License	12/12/1989	Driver Age	67	Driving Experience	30
Contact No.(Mobile)	91831259	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 236	Address 2	HOUGANG AVENUE 1	Address 3	SINGAPORE 530236
Address 4		Address Type	Singapore address	Post Code	530236
Unit No.	#02-276				
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 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	TAN KAY NOR	Insured NRIC		
Contact No.(Mobile)	96854171	Contact No. (Home)	67424826	Contact No. (Office)		
Email Address	belinda_tan0@yahoo.com	Vehicle Number	SLS9384R	TP Vehicle Number		
Claim Description	SLS9384R / SBS8464T ON 28 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	02/12/2020 18:11	Date Received		
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired		

☒ Print AK letter

Attachment

Accident No.	MT/1112145	Claim No.	001
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12/2/2020

Claim Handling(accident reporting Claim Task 001 OD-MX)

Last Doc. Received

Yes

No

Upload Date

02/12/2020 00:00

Path *

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Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2020 18:10	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2020 18:09	SAS		Normal	SAS 2020-12-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2020 18:09	Photos		Normal	Photos 2020-12-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2020 18:09	Photos		Normal	Photos 2020-12-2
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2020 18:09	Photos		Normal	Photos 2020-12-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2020 18:09	Photos		Normal	Photos 2020-12-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2020 18:09	Photos		Normal	Photos 2020-12-2

Video List

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