

Claim Handling

Accident MT/1112204

Policy No.	5119263478	Vehicle No.	SMV5883R	GST Registration No.	
Certificate No.					
Policyholder Name	LEE KIAN HONG (LI JIANHONG)			Policyholder NRIC	S9243471J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	85338839	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	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	03/12/2020 11:26	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst par
Date of Accident	02/12/2020	Time of Accident hh:mm	18:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	Dunbar Walk, Singapore				

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 183B #16-251	Address 2	RIVERVALE CRESCENT	Address 3	SINGAPORE 54218:
Address 4		Address Type	Singapore address	Post Code	542183
Unit No.	16-251	Related Policy Number	5119263478		

OI Driver Info

Driver Name	LEE KIAN HONG (LI JIANHONG)	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9243471J	Driver DOB	21/11/1992
Register Date of Driver License	25/01/2019	Driver Age	28	Driving Experience	1
Contact No.(Mobile)	85338839	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 183B #16-251	Address 2	RIVERVALE CRESCENT	Address 3	SINGAPORE 54218:
Address 4		Address Type	Singapore address	Post Code	542183
Unit No.	16-251				
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	LEE KIAN HONG (LI JIANHONG)	Insured NRIC		
Contact No.(Mobile)	85338839	Contact No.(Home)		Contact No.(Office)		
Email Address	ZACK_LEE@HOTMAIL.COM	OI Vehicle Number	SMV5883R	TP Vehicle Number		
Claim Description	SMV5883R / GY2139G ON 2 Dec 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	03/12/2020 11:28	Date Received		
Report Taken By	SHAN HUI					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1112204	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/12/2020 11:29

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 03 Dec 2020 11:29	SAS		Normal	SAS 2020-12-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Dec 2020 11:29	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Dec 2020 11:29	Photos		Normal	Photos 2020-12-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Dec 2020 11:29	Photos		Normal	Photos 2020-12-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Dec 2020 11:29	Photos		Normal	Photos 2020-12-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Dec 2020 11:28	Photos		Normal	Photos 2020-12-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Dec 2020 11:28	Photos		Normal	Photos 2020-12-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Dec 2020 11:28	Photos		Normal	Photos 2020-12-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Dec 2020 11:28	Photos		Normal	Photos 2020-12-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Dec 2020 11:28	Photos		Normal	Photos 2020-12-3

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"/>				