

Claim Handling

Accident MT/1112694

Policy No.	5118311411	Vehicle No.	SLE8222E	GST Registration No.	
Certificate No.					
Policyholder Name	LIM HOCK EAW			Policyholder NRIC	S1725224J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	96828882	Contact No.(Office)	0	Contact No.(Home)	0
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	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	07/12/2020 17:02	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	03/12/2020	Time of Accident hh:mm	15:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD FROM AYE EXITING TO ALEXANDRA 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	2,500.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	3,100.00	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	10 DOVER RISE	Address 2	#15-08 HERITAGE VIEW	Address 3	SINGAPORE 13861
Address 4		Address Type	Singapore address	Post Code	138680
Unit No.		Related Policy Number	5118311411		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM BIN DE,SHAWN	Driver NRIC	S9505902C	Driver DOB	14/02/1995
Register Date of Driver License	13/04/2015	Driver Age	25	Driving Experience	5
Contact No.(Mobile)	81383815	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	10 DOVER RISE	Address 2	HERITAGE VIEW	Address 3	SINGAPORE 13861
Address 4		Address Type	Singapore address	Post Code	138680
Unit No.	#15-08				
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	LIM HOCK EAW	Insured NRIC			
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)			
Email Address		OI Vehicle Number	SLE8222E	TP Vehicle Number			
Claim Description	SLE8222E / CB7903C ON 3 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	07/12/2020 17:08	Date Received	
Report Taken By				Workshop Repairer	ROSLINDA	Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

12/7/2020

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

Last Doc. Received

Yes

No

Upload Date

07/12/2020 00:00

Path *

Choose File

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Message Read

Category *

Confidential

Urgency *

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NO

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Attachment List


Attachment

Uploaded By/Date

Category

Urgency

Description




NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2020 17:07

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2020-12-7




NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2020 17:07

NRIC/ Driving License

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Normal

NRIC/ Driving License 2020-12-7




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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2020 17:07

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Folder Date

File Name

Source

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