

Claim Handling

Accident MT/1112591

Policy No.	5090881383-03	Vehicle No.	SLN6603E	GST Registration No.
Certificate No.				
Policyholder Name	YY HEALTHY FAMILY SERVICE			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	90275426	Contact No.(Office)	65693479	Contact No.(Home)
Email Address		Special Remark		eCode
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(%)	20	Private Hire

Accident Details

Report Date	07/12/2020 11:53	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	04/12/2020	Time of Accident hh:mm	17:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CTE TOWARDS CITY NEAR ANG MO KIO AVENUE 3 EXIT			

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?
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	07/12/2020 12:01:43 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 414 #01-797	Address 2	JURONG WEST STREET 42	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-797	Related Policy Number	5090881383-03	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	HENG MOK PHENG	Driver NRIC	S6818949G	Driver DOB
Register Date of Driver License	26/07/1990	Driver Age	52	Driving Experience
Contact No.(Mobile)	90275426	Contact No.(Office)	65693479	Contact No.(Home)
Address 1	BLK 910 #04-283	Address 2	JURONG WEST STREET 91	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	04-283			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SLN6603E	Driver Insurer Comp:

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

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Claim 001 New

Claim Type *	OD-MX	Insured Name	YY HEAL
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SLN6603
Claim Description	SLN6603E / GBJ2555B ON 4 Dec 2020		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	07/12/2020 12:02	GIA report	Received
		Claim Close Date	



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
n 07 Dec 2020 12:03

SAS

Normal

SAS 20

Video List

Uploaded By/Date	Folder Date	File Name	
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