

Claim Handling

Accident MT/1112634

Policy No.	5116785379	Vehicle No.	SKS3216U	GST Registration No.
Certificate No.				
Policyholder Name	ASLINA BINTE ASBIL			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	96442076	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	07/12/2020 14:45	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	06/12/2020	Time of Accident hh:mm	13:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	Bukit Batok Street 31			

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			

Policyholder Mailing Address

Address 1	BLK 412 #03-45	Address 2	WOODLANDS STREET 41	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5116785379	

OI Driver Info

Driver Name	ASLINA BINTE ASBIL	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7209155H	Driver DOB
Register Date of Driver License	27/12/2002	Driver Age	48	Driving Experience
Contact No.(Mobile)	96442076	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 412 #03-45	Address 2	WOODLANDS STREET 41	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
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	ASLINA E
Contact No.(Mobile)	96442076	Contact No. (Home)	NIL
Email Address	MALEKLYNN03@GMAIL.COM	OI Vehicle Number	SKS3216
Claim Description	SKS3216U / FBM332A ON 6 Dec 2020		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
			07/12/2020 14:47
			Claim Close Date

☒ Print AK letter

Save

Submit

Attachment

Accident No.

MT/1112634

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

07/12/2020 14:50

Path *

Category *

Confidential

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

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NO

Choose File

No file chosen

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NO

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No file chosen

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NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Dec 2020 14:50	SAS		Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Dec 2020 14:50	NRIC/ Driving License	Y	Normal	NRIC/ Driving Li
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Video List

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