

Claim Handling

Accident MT/1112660

Policy No.	5118386927	Vehicle No.	SMD281E	GST Registration No.	
Certificate No.					
Policyholder Name	SUNDRAM LETCHEMEE			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	
Contact No.(Mobile)	98314117	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input 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	

▼ Accident Details

Report Date	07/12/2020 15:52	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	06/12/2020	Time of Accident hh:mm	10:00	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	38 DOVER RISE BASEMENT CARPARK				

▼ 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	38 DOVER RISE	Address 2	#14-05	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5118386927		

▼ OI Driver Info

Driver Name	SUNDRAM LETCHEMEE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7340865B	Driver DOB	
Register Date of Driver License	17/06/1992	Driver Age	47	Driving Experience	
Contact No.(Mobile)	98314117	Contact No.(Office)		Contact No.(Home)	
Address 1	38 DOVER RISE	Address 2	#14-05	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SMD281E	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

Claim 001

New

Claim Type *	OD-MD	Insured Name	SUNDRAM
Contact No.(Mobile)	98314117	Contact No. (Home)	
Email Address	SUNDRAMLETCEMEE@GMAIL.	OI Vehicle Number	SMD281E
Claim Description	SMD281E / - 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 15:54
		Claim Close Date	

☒ Print AK letter

Save Submit

Attachment

▼

Accident No. MT/1112660

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 07/12/2020 15:55

Path *

Category * Confidential

Choose File No file chosen

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Message Read

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NO

NO

NO

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2020 15:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2020 15:55	SAS		Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2020 15:55	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2020 15:54	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2020 15:54	Photos		Normal	Photos 2
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2020 15:54	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2020 15:54	Photos		Normal	Photos 2

Video List

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