

Claim Handling

Accident MT/1112857

Policy No.	<input type="text" value="5115502938"/>	Vehicle No.	<input type="text" value="SMH2231R"/>	GST Registration No.	
Certificate No.	<input type="text" value="5115502938-000002"/>				
Policyholder Name	<input type="text" value="DEFINE LEASING PTE LTD"/>			Policyholder NRIC	
Product Code	<input type="text" value="FLEET MASTER INSURANCE"/>	Cover Type	<input type="text" value="drivo CLASSIC"/>	Loading	
Contact No.(Mobile)	<input type="text" value="88091783"/>	Contact No.(Office)	<input type="text"/>	Contact No.(Home)	
Email Address	<input type="text"/>	Special Remark	<input type="text"/>		
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
NCD Protection	<input type="text" value="No"/>	NCD Entitlement(%)	<input type="text" value="0"/>	eCode Reason	
				Private Hire	

▼ **Accident Details**

Report Date	<input type="text" value="08/12/2020 17:17"/>	Accident Report Within 24 hrs	<input checked="" type="radio"/> Yes	Accident Type	
Date of Accident	<input type="text" value="07/12/2020"/>	Time of Accident hh:mm	<input type="text" value="14:25"/>	Country of Accident	
Reporting Centre	<input type="text"/>	Orange Force		ICM No.	
Accident Location	<input type="text" value="CTE (CITY) BEFORE BALESTIER EXIT"/>				

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	<input type="text" value="100.00"/>	
OD Standard Excess	<input type="text" value="2,000.00"/>	TP Standard Excess	<input type="text" value="1,500.00"/>	
YIED OD Excess	<input type="text" value="0.00"/>	YIED TP Excess	<input type="text" value="0.00"/>	Driver is Covered?
Additional Excess	<input type="text" value="0"/>			
Total OD Excess Applicable	<input type="text" value="2000.00"/>	Total TP Excess Applicable	<input type="text" value="1,500.00"/>	

▼ **Benefits**

▼ **GST Registered Information**

GST Registered	<input checked="" type="radio"/> Yes	GST Registration Date	<input type="text" value="28/10/2019"/>
GST Registration No.	<input type="text" value="201828674Z"/>	GST Status Verified	<input checked="" type="radio"/> Yes
Modification History	<input type="text"/>		

▼ **Policyholder Mailing Address**

Address 1	<input type="text" value="26 SIN MING LANE"/>	Address 2	<input type="text" value="#05-126 MIDVIEW CITY"/>	Address 3	
Address 4	<input type="text"/>	Address Type	<input type="text" value="Singapore address"/>	Post Code	
Unit No.	<input type="text"/>	Related Policy Number	<input type="text" value="5115502938"/>		

▼ **OI Driver Info**

Driver Name	<input type="text" value="Unnamed Driver"/>	Driver Type	<input type="text" value="Unnamed Driver"/>	
Unnamed driver Name	<input type="text" value="JOHN AUSTIN DUNCAN"/>	Driver NRIC	<input type="text" value="S7788652D"/>	Driver DOB
Register Date of Driver License	<input type="text" value="30/05/2017"/>	Driver Age	<input type="text" value="43"/>	Driving Experience
Contact No.(Mobile)	<input type="text" value="88091783"/>	Contact No.(Office)	<input type="text"/>	Contact No.(Home)
Address 1	<input type="text" value="BLK 232C #13-351"/>	Address 2	<input type="text" value="SUMANG LANE"/>	Address 3
Address 4	<input type="text" value="SINGAPORE 823232"/>	Address Type	<input type="text" value="Singapore address"/>	Post Code
Unit No.	<input type="text" value="13-351"/>			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	<input type="text"/>	Driver Insurer Comp:

Declaration

Breathalyser or Blood Test Reading?	<input type="text" value="0 mg"/>	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
-------------------------------------	-----------------------------------	-------------	---

Modification History

Claim 001 New

Claim Type *	<input type="text" value="OD-MX"/>	Insured Name	<input type="text" value="DEFINE L"/>
Contact No.(Mobile)	<input type="text" value="93663222"/>	Contact No. (Home)	<input type="text"/>
Email Address	<input type="text"/>	OI Vehicle Number	<input type="text" value="SMH2231"/>
Claim Description	<input type="text" value="SMH2231R / SMT5968R ON 7 Dec 2020"/>		
Preferred Workshop	<input type="text"/>	Insured Liability	<input type="text" value="Not at Fault"/>
Contact No. Finalisation	<input type="text"/>	Preferred Repair Option	<input type="text" value="Preferred Workshop, Name unknown"/>
Date Registered	<input type="text" value="08/12/2020 17:21"/>	GIA report	<input type="text" value="Received"/>
		Claim Close Date	<input type="text"/>

Report Taken By

LIEW SHAN HUI

Print AK letter

Save Submit

Attachment

Accident No. Claim No.
 Last Doc. Received Yes No Upload Date

Path *		Category *	Confidential
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Message Read"/>			

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	08 Dec 2020 17:23	NRIC/ Driving License	Y	Normal	NRIC/ Driving Li
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	08 Dec 2020 17:23	SAS		Normal	SAS 20
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	08 Dec 2020 17:23	Photos		Normal	Photos 2
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	08 Dec 2020 17:21	Photos		Normal	Photos 2
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	08 Dec 2020 17:21	Photos		Normal	Photos 2
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	08 Dec 2020 17:21	Photos		Normal	Photos 2
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	08 Dec 2020 17:21	Photos		Normal	Photos 2
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	08 Dec 2020 17:21	Photos		Normal	Photos 2
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	08 Dec 2020 17:21	Photos		Normal	Photos 2

Video List

Uploaded By/Date	Folder Date	File Name	
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>			