

Claim Handling

Accident MT/1113341

Policy No.	5115503515	Vehicle No.	SLW9501Z	GST Registration No.	
Certificate No.					
Policyholder Name	NUR MUHAMMAD SYAFIQ BIN MOHD YUSOFF			Policyholder NRIC	S8741741G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	84442027	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	No
▼ Accident Details					
Report Date	12/12/2020 11:50	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst pe
Date of Accident	10/12/2020	Time of Accident hh:mm	06:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CRANWELL ROAD				
▼ 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?	Covered
Additional Excess	0.00				
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 661C #07-648	Address 2	EDGEDALE PLAINS	Address 3	WATERWAY SUND
Address 4	SINGAPORE 823661	Address Type	Singapore address	Post Code	823661
Unit No.	07-648	Related Policy Number	5115503515		
▼ OI Driver Info					
Driver Name	NUR MUHAMMAD SYAFIQ BIN MOHD YUSOFF	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8741741G	Driver DOB	22/12/1987
Register Date of Driver License	14/11/2008	Driver Age	32	Driving Experience	12
Contact No.(Mobile)	84442027	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 661C	Address 2	EDGEDALE PLAINS	Address 3	WATERWAY SUND
Address 4	SINGAPORE 823661	Address Type	Singapore address	Post Code	823661
Unit No.	#07-648				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ☒ No		
Modification History					

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	NUR MUHAMMAD SYAFIQ BIN M	Insured NRIC	
Contact No.(Mobile)	84442027	Contact No. (Home)		Contact No. (Office)	
Email Address		Vehicle Number	SLW9501Z	TP Vehicle Number	
Claim Description	SLW9501Z / SHD4101A ON 10 Dec 2020				
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	12/12/2020 11:55	Date Received	
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	
☒ Print AK letter					

Save Submit

Attachment

12/12/2020

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

Last Doc. Received

☒ Yes

☐ No

Upload Date

12/12/2020 00:00

Path *

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 11:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 11:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 11:55	SAS		Normal	SAS 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 11:55	Photos		Normal	Photos 2020-12-12
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 11:54	Photos		Normal	Photos 2020-12-12

Video List

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