

Claim Handling

Accident MT/1113344

Policy No.	5107776335-01	Vehicle No.	SGS4361Z	GST Registration No.	
Certificate No.					
Policyholder Name	ONG LE QUAN			Policyholder NRIC	S7830353J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	93635659	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	12/12/2020 12:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	10/12/2020	Time of Accident hh:mm	20:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SERANGOON RD TWDS PIE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0.00				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

Benefits

Coverage	Sum Insured
Excess Waiver	99999999.99

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	48 EWE BOON ROAD	Address 2	#09-01 CLIFTEN	Address 3	SINGAPORE 2593
Address 4		Address Type	Singapore address	Post Code	259342
Unit No.		Related Policy Number	5107776335-01		

OI Driver Info

Driver Name	ONG LE QUAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7830353J	Driver DOB	17/10/1978
Register Date of Driver License	23/08/2001	Driver Age	42	Driving Experience	19
Contact No.(Mobile)	93635659	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	48 EWE BOON ROAD	Address 2	CLIFTEN	Address 3	SINGAPORE 2593
Address 4		Address Type	Singapore address	Post Code	259342
Unit No.	#09-01				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	ONG LE QUAN	Insured NRIC		
Contact No.(Mobile)	93635659	Contact No. (Home)	NIL	Contact No. (Office)		
Email Address	lequan.ong@gmail.com	OI Vehicle Number	SGS4361Z	TP Vehicle Number		
Claim Description	SGS4361Z / GY861S ON 10 Dec 2020				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received	
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	Claim Close Date	12/12/2020 12:14	
Date Registered		Report Taken By	ROSLINDA	Workshop Repairer		
				Total Loss but Repaired		

Print AK letter

Save Submit

Attachment

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

Path \*

Choose File	No file chosen	Clear	Please Select	Confidential	Urgency *
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
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Choose File	No file chosen	Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 12:14	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 12:14	SAS		Normal	SAS 2020-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 12:14	Photos		Normal	Photos 2020-12-12
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 12:12	Photos		Normal	Photos 2020-12-12

Video List

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