

Claim Handling

Accident MT/1113689

Policy No.	5078859485-04	Vehicle No.	PC4570P	GST Registration No.	
Certificate No.					
Policyholder Name	EE CHONG LEONG			Policyholder NRIC	
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	

Accident Details

Report Date	15/12/2020 12:19	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	14/12/2020	Time of Accident hh:mm	00:00	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	UNKNOWN				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	500.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		

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 1E #10-53	Address 2	CANTONMENT ROAD	Address 3	
Address 4	SINGAPORE 085501	Address Type	Singapore address	Post Code	
Unit No.	10-53	Related Policy Number	5078859485-04		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com	

Modification History

Modification History	
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Claim 002 OD-MX **New**

Claim Type *	OD-MX	Insured Name	EE CHC
Contact No.(Mobile)	96186356	Contact No.(Home)	NIL
Email Address		OI Vehicle Number	PC4570P
Claim Description	PC4570P / SLV2649H ON 14 Dec 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	15/12/2020 13:03	GIA report	Received
Report Taken By	ROS LI WAHAB	Claim Close Date	
		Workshop Repairer	

Print AK letter

Save Submit

Attachment

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

Path *

Category *

Confidential

- No file chosen

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Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Des
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 13:06	NRIC/ Driving License	Y	Normal	NRIC/ Driving L
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 13:06	SAS		Normal	SAS 20
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 13:06	Photos		Normal	Photos 2
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 13:05	Photos		Normal	Photos 2
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 13:05	Photos		Normal	Photos 2
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 13:05	Photos		Normal	Photos 2
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 13:05	Photos		Normal	Photos 2
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 13:05	Photos		Normal	Photos 2
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 12:55	Photos		Normal	Photos 2
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	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 12:55	Photos		Normal	Photos 2
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	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 12:55	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"/>