

Claim Handling

Accident MT/1113815

Policy No.	5119541753	Vehicle No.	SMF9613L	GST Registration No.	
Certificate No.					
Policyholder Name	ANG KWONG HUI			Policyholder NRIC	S1589723F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	97874813	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" 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	No

▼ Accident Details

Report Date	15/12/2020 19:17	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	14/12/2020	Time of Accident hh:mm	08:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE(AYE)AFT PIE (CHANNGI)EXIT				

▼ 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	57 SUNRISE AVENUE	Address 2	#02-11 SUNRISE GARDENS	Address 3	SINGAPORE 806748
Address 4		Address Type	Singapore address	Post Code	806748
Unit No.	02-11	Related Policy Number	5119541753		

▼ OI Driver Info

Driver Name	ANG KWONG HUI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1589723F	Driver DOB	11/04/1963
Register Date of Driver License	16/11/1991	Driver Age	57	Driving Experience	29
Contact No.(Mobile)	97874813	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	57 SUNRISE AVENUE	Address 2	SUNRISE GARDENS	Address 3	SINGAPORE 806748
Address 4		Address Type	Singapore address	Post Code	806748
Unit No.	#02-11				
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
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	ANG KWONG HUI	Insured NRIC	
Contact No.(Mobile)	97874813	Contact No. (Home)	64819076	Contact No. (Office)	
Email Address	angc@iomega.com	Vehicle Number	SMF9613L	TP Vehicle Number	
Claim Description	SMF9613L / UNKNOWN ON 14 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	15/12/2020 19:21	Date Received	
Report Taken By		Workshop Repairer	ROSLINDA	Total Loss but Repaired	

☒ Print AK letter

Save

Submit

Attachment

12/15/2020

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

Last Doc. Received

Yes

No

Upload Date

15/12/2020 00:00

Path \*

Choose File

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Message Read

Category \*

Confidential

Urgency \*

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Attachment List

Attachment

Uploaded By/Date

Category

Urgency

Description



NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2020 19:20

NRIC/ Driving License

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NRIC/ Driving License 2020-12-15



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Photos

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Photos 2020-12-15

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading

https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do?stype=1&saction=&odOrTp=1&isWorkshop=&regCheck=1&taskInstanceId=272685496... 2/2