

Claim Handling

Accident MT/1113748

|                                         |                                                               |                               |                                                               |                      |          |
|-----------------------------------------|---------------------------------------------------------------|-------------------------------|---------------------------------------------------------------|----------------------|----------|
| Policy No.                              | 5067089244-06                                                 | Vehicle No.                   | SKG5447U                                                      | GST Registration No. |          |
| Certificate No.                         |                                                               |                               |                                                               |                      |          |
| Policyholder Name                       | BERNICE QUEK SIOW HOON                                        |                               |                                                               | Policyholder NRIC    |          |
| Product Code                            | PRIVATE CAR INSURANCE                                         | Cover Type                    | drivo CLASSIC                                                 | Loading              |          |
| Contact No.(Mobile)                     | 98367262                                                      | Contact No.(Office)           |                                                               | Contact No.(Home)    |          |
| Email Address                           |                                                               | Special Remark                |                                                               | eCode                |          |
| KFK                                     | <input 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         |          |
| ▼ Accident Details                      |                                                               |                               |                                                               |                      |          |
| Report Date                             | 15/12/2020 15:51                                              | Accident Report Within 24 hrs | Yes                                                           | Accident Type        |          |
| Date of Accident                        | 12/12/2020                                                    | Time of Accident hh:mm        | 13:00                                                         | Country of Accident  |          |
| Reporting Centre                        |                                                               | Orange Force                  |                                                               | ICM No.              |          |
| Accident Location                       | JUNC OF LOR MARICAN X JALAN ISHAK                             |                               |                                                               |                      |          |
| ▼ 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?   |          |
| Additional Excess                       | 0                                                             |                               |                                                               |                      |          |
| 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                               | 66 LENGKONG TIGA                                              | Address 2                     | #07-15 STARVILLE                                              | Address 3            |          |
| Address 4                               |                                                               | Address Type                  | Singapore address                                             | Post Code            |          |
| Unit No.                                |                                                               | Related Policy Number         | 5067089244-06                                                 |                      |          |
| ▼ OI Driver Info                        |                                                               |                               |                                                               |                      |          |
| Driver Name                             | BERNICE QUEK SIOW HOON                                        | Driver Type                   | Main Driver                                                   |                      |          |
| Unnamed driver Name                     |                                                               | Driver NRIC                   | S1611539H                                                     | Driver DOB           |          |
| Register Date of Driver License         | 20/12/1982                                                    | Driver Age                    | 57                                                            | Driving Experience   |          |
| Contact No.(Mobile)                     | 98367262                                                      | Contact No.(Office)           |                                                               | Contact No.(Home)    |          |
| Address 1                               | 66 LENGKONG TIGA                                              | Address 2                     | #07-15 STARVILLE                                              | Address 3            |          |
| Address 4                               |                                                               | Address Type                  | Singapore address                                             | Post Code            |          |
| Unit No.                                |                                                               |                               |                                                               |                      |          |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.            |                                                               | Driver Insurer Comp  |          |
| Declaration                             |                                                               |                               |                                                               |                      |          |
| Breathalyser or Blood Test Reading?     | 0 mg                                                          | Any injury?                   | <input type="radio"/> Yes <input checked="" type="radio"/> No |                      |          |
| Modification History                    |                                                               |                               |                                                               |                      |          |
|                                         |                                                               |                               |                                                               |                      |          |
| Claim 001 New                           |                                                               |                               |                                                               |                      |          |
|                                         |                                                               |                               |                                                               |                      |          |
| Claim Type *                            | OD-MX                                                         |                               |                                                               | Insured Name         | BERNICE  |
| Contact No.(Mobile)                     | 98367262                                                      |                               |                                                               | Contact No. (Home)   | 6449554  |
| Email Address                           | bernice_q@yahoo.com                                           |                               |                                                               | OI Vehicle Number    | SKG5447  |
| Claim Description                       | SKG5447U / SKQ7620U ON 12 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                         | 15/12/2020 15:54                                              |                               |                                                               | Claim Close Date     |          |

☒ Print AK letter

Save Submit

Attachment

Accident No.

MT/1113748

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

15/12/2020 15:54

Path \*

Category \*

Confidential

Choose File No file chosen

Clear Please Select NO

Choose File No file chosen

Clear Please Select NO

Choose File No file chosen

Clear Please Select NO

Choose File No file chosen

Clear Please Select NO

Choose File No file chosen

Clear Please Select NO

Choose File No file chosen

Clear Please Select NO

Message Read

Attachment List

| Attachment | Uploaded By/Date                                                              | Category              |   | Urgency | Descr             |
|------------|-------------------------------------------------------------------------------|-----------------------|---|---------|-------------------|
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 15:54 | SAS                   |   | Normal  | SAS 202           |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 15:54 | NRIC/ Driving License | Y | Normal  | NRIC/ Driving Lic |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 15:54 | Photos                |   | Normal  | Photos 20         |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 15:54 | Photos                |   | Normal  | Photos 20         |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 15:54 | Photos                |   | Normal  | Photos 20         |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 15:54 | Photos                |   | Normal  | Photos 20         |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 15:54 | Photos                |   | Normal  | Photos 20         |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 15:54 | Photos                |   | Normal  | Photos 20         |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 15:54 | Photos                |   | Normal  | Photos 20         |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 15:54 | Photos                |   | Normal  | Photos 20         |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 15:54 | Photos                |   | Normal  | Photos 20         |

Video List

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