

Claim Handling

Accident MT/1113704

Policy No.	<input type="text" value="5115313673"/>	Vehicle No.	<input type="text" value="SKR3852M"/>	GST Registration No.	
Certificate No.	<input type="text"/>				
Policyholder Name	LIM KOON CHAI			Policyholder NRIC	
Product Code	<input type="text" value="PRIVATE CAR INSURANCE"/>	Cover Type	<input type="text" value="drivo CLASSIC"/>	Loading	
Contact No.(Mobile)	<input type="text" value="91472116"/>	Contact No.(Office)	<input type="text"/>	Contact No.(Home)	
Email Address	<input type="text"/>	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	<input type="text" value="Yes"/>	NCD Entitlement(%)	<input type="text" value="50"/>	Private Hire	

▼ **Accident Details**

Report Date	<input type="text" value="15/12/2020 13:49"/>	Accident Report Within 24 hrs	<input type="text" value="Yes"/>	Accident Type	
Date of Accident	<input type="text" value="12/12/2020"/>	Time of Accident hh:mm	<input type="text" value="18:20"/>	Country of Accident	
Reporting Centre	<input type="text"/>	Orange Force		ICM No.	
Accident Location	<input type="text" value="128 Punggol Walk, Singapore"/>				

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	<input type="text" value="100.00"/>	
OD Standard Excess	<input type="text" value="0.00"/>	TP Standard Excess	<input type="text" value="0.00"/>	
YIED OD Excess	<input type="text" value="2500.00"/>	YIED TP Excess	<input type="text" value="0.00"/>	Driver is Covered?
Additional Excess	<input type="text" value="0"/>			
Total OD Excess Applicable	<input type="text" value="2500.00"/>	Total TP Excess Applicable	<input type="text" value="0.00"/>	

▼ **Benefits**

Coverage		Sum Insured	
Excess Waiver		<input type="text" value="99999999.99"/>	

▼ **GST Registered Information**

GST Registered	<input type="text" value="No"/>	GST Registration Date	<input type="text"/>
GST Registration No.	<input type="text"/>	GST Status Verified	<input type="text" value="Yes"/>
Modification History	<input type="text"/>		

▼ **Policyholder Mailing Address**

Address 1	<input type="text" value="128 PUNGGOL WALK"/>	Address 2	<input type="text" value="#16-11 ECOPOLITAN"/>	Address 3	
Address 4	<input type="text"/>	Address Type	<input type="text" value="Singapore address"/>	Post Code	
Unit No.	<input type="text"/>	Related Policy Number	<input type="text" value="5115313673"/>		

▼ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	<input type="text" value="LIM SIANG KIAT DOUGLAS"/>	Driver NRIC	<input type="text" value="S9614425C"/>	Driver DOB
Register Date of Driver License	<input type="text" value="03/05/2016"/>	Driver Age	<input type="text" value="24"/>	Driving Experience
Contact No.(Mobile)	<input type="text" value="93890418"/>	Contact No.(Office)	<input type="text"/>	Contact No.(Home)
Address 1	<input type="text" value="128 PUNGGOL WALK"/>	Address 2	<input type="text" value="#16-11 ECOPOLITAN"/>	Address 3
Address 4	<input type="text"/>	Address Type	<input type="text" value="Singapore address"/>	Post Code
Unit No.	<input type="text" value="16-11"/>			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	<input type="text"/>	Driver Insurer Comp:

Declaration

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

Claim 001 **New**

Claim Type *	<input type="text" value="OD-MX"/>	Insured Name	<input type="text" value="LIM KOOI"/>
Contact No.(Mobile)	<input type="text" value="91472116"/>	Contact No.(Home)	<input type="text"/>
Email Address	<input type="text" value="lkooncha@yahoo.com.sg"/>	Vehicle Number	<input type="text" value="SKR3852"/>
Claim Description	<input type="text" value="SKR3852M / GBH359A ON 12 Dec 2020"/>		

Preferred Workshop	<input type="text" value="Yes"/>	Insured Liability	<input type="text" value="Preferred Workshop, Name unknown"/>	GIA report	<input type="text" value="Received"/>
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Date Registered

Option

15/12/2020 13:52

Claim Close Date

Report Taken By

SHAN HUI

Print AK letter

Save Submit

Attachment

Accident No.

MT/1113704

Claim No.

001

Last Doc. Received

Yes No

Upload Date

15/12/2020 13:52

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 13:52	SAS		Normal	SAS 202
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 13:52	NRIC/ Driving License	Y	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 13:52	Photos		Normal	Photos 2C
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 13:52	Photos		Normal	Photos 2C
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 13:52	Photos		Normal	Photos 2C
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 13:52	Photos		Normal	Photos 2C
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 13:52	Photos		Normal	Photos 2C
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 13:52	Photos		Normal	Photos 2C

Video List

Uploaded By/Date	Folder Date	File Name	
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Display in New Window

Scan and uploading