

Claim Handling

Accident MT/1113836

Policy No.	5109538691-01	Vehicle No.	SJM8061J	GST Registration No.
Certificate No.				
Policyholder Name	MAYGALAI K PANNIRSELVAM			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	92372431	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	No	NCD Entitlement(%)	50	Private Hire

Accident Details

Report Date	16/12/2020 09:52	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	10/12/2020	Time of Accident hh:mm	16:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	Admiralty Rd W, Singapore			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	1100.00	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	BLK 676C #03-730	Address 2	PUNGGOL DRIVE	Address 3
Address 4	SINGAPORE 823676	Address Type	Singapore address	Post Code
Unit No.	03-730	Related Policy Number	5109538691-01	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	KHAIRUL SHAH BIN A ABRAHIM	Driver NRIC	S8311069D	Driver DOB
Register Date of Driver License	01/09/2011	Driver Age	37	Driving Experience
Contact No.(Mobile)	92372431	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 553 #02-268	Address 2	HOUGANG STREET 51	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-268			
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	MAYGALA
Contact No.(Mobile)	84445403	Contact No. (Home)	65420671
Email Address	maygalaikp@hotmail.com	OI Vehicle Number	SJM8061
Claim Description	SJM8061J / GBA6431X ON 10 Dec 2020		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
			16/12/2020 09:58
		Claim Close Date	

☒ Print AK letter

Save

Submit

Attachment

▼

Accident No.

MT/1113836

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

16/12/2020 09:58

Path *

Choose File

No file chosen

Choose File

No file chosen

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No file chosen

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No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Category *

Confidential

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

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NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2020 09:58	SAS		Normal	SAS 202
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2020 09:58	NRIC/ Driving License	Y	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2020 09:58	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2020 09:58	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2020 09:58	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2020 09:58	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2020 09:58	Photos		Normal	Photos 20

Video List

Uploaded By/Date	Folder Date	File Name	
<div>Display in New Window</div> <div>Scan and uploading</div>			