

**Claim Handling**

**Accident MT/1114720**

Policy No.	<input type="text" value="5109613108-01"/>	Vehicle No.	<input type="text" value="SLU9731L"/>	GST Registration No.	
Certificate No.	<input type="text"/>				
Policyholder Name	<input type="text" value="LEE BOON YEE"/>			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="84991570"/>	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="No"/>	NCD Entitlement(%)	<input type="text" value="0"/>	Private Hire	

▼ **Accident Details**

Report Date	<input type="text" value="23/12/2020 11:33"/>	Accident Report Within 24 hrs	<input checked="" type="radio"/> Yes	Accident Type	
Date of Accident	<input type="text" value="22/12/2020"/>	Time of Accident hh:mm	<input type="text" value="08:50"/>	Country of Accident	
Reporting Centre	<input type="text"/>	Orange Force		ICM No.	
Accident Location	<input type="text" value="3007 Ubi Rd 1, Singapore 408701"/>				

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	<input type="text" value="100.00"/>	
OD Standard Excess	<input type="text" value="600.00"/>	TP Standard Excess	<input type="text" value="0.00"/>	
YIED OD Excess	<input type="text" value="0.00"/>	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="600.00"/>	Total TP Excess Applicable	<input type="text" value="0.00"/>	

▼ **Benefits**

▼ **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 checked="" type="radio"/> Yes
Modification History	<input type="text"/>		

▼ **Policyholder Mailing Address**

Address 1	<input type="text" value="BLK 317A #10-104"/>	Address 2	<input type="text" value="YISHUN AVENUE 9"/>	Address 3	
Address 4	<input type="text" value="SINGAPORE 761317"/>	Address Type	<input type="text" value="Singapore address"/>	Post Code	
Unit No.	<input type="text" value="10-104"/>	Related Policy Number	<input type="text" value="5109613108-01"/>		

▼ **OI Driver Info**

Driver Name	<input type="text" value="LEE BOON YEE"/>	Driver Type	<input type="text" value="Main Driver"/>	
Unnamed driver Name	<input type="text"/>	Driver NRIC	<input type="text" value="S8518324I"/>	Driver DOB
Register Date of Driver License	<input type="text" value="01/01/2010"/>	Driver Age	<input type="text" value="35"/>	Driving Experience
Contact No.(Mobile)	<input type="text" value="84991570"/>	Contact No.(Office)	<input type="text"/>	Contact No.(Home)
Address 1	<input type="text" value="BLK 317A #10-104"/>	Address 2	<input type="text" value="YISHUN AVENUE 9"/>	Address 3
Address 4	<input type="text" value="SINGAPORE 761317"/>	Address Type	<input type="text" value="Singapore address"/>	Post Code
Unit No.	<input type="text" value="10-104"/>			
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 type="radio"/> Yes <input checked="" 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="LEE BOO"/>
Contact No.(Mobile)	<input type="text"/>	Contact No. (Home)	<input type="text"/>
Email Address	<input type="text"/>	OI Vehicle Number	<input type="text" value="SLU9731"/>
Claim Description	<input type="text" value="SLU9731L / FX8679S ON 22 Dec 2020"/>		
Preferred Workshop	<input type="text"/>	Insured Liability	<input type="text" value="Partially at Fault"/>
Contact No. Finalisation	<input type="text" value="Yes"/>	Repair Option	<input type="text" value="Preferred Workshop, Name unknown"/>
Date Registered	<input type="text" value="23/12/2020 11:35"/>	GIA report	<input type="text" value="Received"/>
		Claim Close Date	<input type="text"/>

Report Taken By

SHAN HUI

Print AK letter

Save Submit

Attachment

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

Path *		Category *	Confidential
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Message Read"/>			

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	23 Dec 2020 11:36	SAS		Normal	SAS 202
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	23 Dec 2020 11:36	NRIC/ Driving License	Y	Normal	NRIC/ Driving Lic
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	23 Dec 2020 11:36	Photos		Normal	Photos 2C
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	23 Dec 2020 11:35	Photos		Normal	Photos 2C
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	23 Dec 2020 11:35	Photos		Normal	Photos 2C
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	23 Dec 2020 11:35	Photos		Normal	Photos 2C
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	23 Dec 2020 11:35	Photos		Normal	Photos 2C
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	23 Dec 2020 11:35	Photos		Normal	Photos 2C
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	23 Dec 2020 11:35	Photos		Normal	Photos 2C

Video List

Uploaded By/Date	Folder Date	File Name	
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>			