

Claim Handling

Accident MT/1115215

Policy No.	5119719288	Vehicle No.	SMW2287B	GST Registration No.	
Certificate No.					
Policyholder Name	YEO HUI HEOK			Policyholder NRIC	S1392910F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	90926150	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	28/12/2020 15:21	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	24/12/2020	Time of Accident hh:mm	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AMK AVE 1 TWDS CTE				

▼ 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	BLK 187 #12-271	Address 2	PUNGGOL CENTRAL	Address 3	SINGAPORE 82011
Address 4		Address Type	Singapore address	Post Code	820187
Unit No.		Related Policy Number	5119719288		

▼ OI Driver Info

Driver Name	CHUA JIE LING, JACELYN	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S9708749J	Driver DOB	11/03/1997
Register Date of Driver License	18/04/2017	Driver Age	23	Driving Experience	3
Contact No.(Mobile)	98455021	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 187	Address 2	PUNGGOL CENTRAL	Address 3	SINGAPORE 82011
Address 4		Address Type	Singapore address	Post Code	820187
Unit No.	#12-271				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	☒ Yes ☐ No
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	YEO HUI HEOK	Insured NRIC	
Contact No.(Mobile)	90926150	Contact No. (Home)	68759722	Contact No. (Office)	
Email Address		OI Vehicle Number	SMW2287B	TP Vehicle Number	
Claim Description	SMW2287B / YQ1266H ON 24 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	28/12/2020 15:28	Date Received	
Report Taken By	ROSILINDA	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

12/28/2020

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

Last Doc. Received

Yes

No

Upload Date

28/12/2020 00:00

Path *

Choose File

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No file chosen

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No file chosen

Message Read

Category *

Confidential

Urgency *

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Please Select

NO

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NO

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NO

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Attachment List

Attachment

Uploaded By/Date

Category

Urgency

Description

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 15:27

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2020-12-28

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 15:27

SAS

Normal

SAS 2020-12-28

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 15:27

Photos

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Photos 2020-12-28

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 15:27

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Photos 2020-12-28

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 15:26

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Photos 2020-12-28

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 15:26

Photos

Normal

Photos 2020-12-28

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

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