

Claim Handling

Accident MT/1114987

Policy No.	5092786809-03	Vehicle No.	SLQ8418U	GST Registrat
Certificate No.				
Policyholder Name	ANJELRIC			Policyholder I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading
Contact No.(Mobile)	93862022	Contact No.(Office)		Contact No.(t
Email Address		Special Remark		eCode
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reaso
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	24/12/2020 18:15	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/12/2020	Time of Accident hh:mm	21:50	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	NGEE ANN CITY DRIVEWAY			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2000.00	TP Standard Excess	1500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cov
Additional Excess	0.00			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1500.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Ye
Modification History	24/12/2020 18:18:30 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 475 #08-556	Address 2	PASIR RIS DRIVE 6	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	08-556	Related Policy Number	5092786809-03	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LEE CHOON GEE	Driver NRIC	S1234249G	Driver DOB
Register Date of Driver License	16/09/1977	Driver Age	69	Driving Exper
Contact No.(Mobile)	93862022	Contact No.(Office)		Contact No.(t
Address 1	BLK 475 #08-556	Address 2	PASIR RIS DRIVE 6	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	08-556			
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.	SLQ8418U	Driver Insure

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	
Contact No.(Mobile)	81181391	Contact No. (Home)	
Email Address		OI Vehicle Number	
Claim Description	SLQ8418U / SLE4128X ON 23 Dec 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	24/12/2020 18:18
		Workshop Repairer	ROSLI WAHAB

☒ Print AK letter

Save

Submit

Attachment

Accident No.

MT/1114987

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

24/12/2020 18:21

Path *

Category *

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Choose File

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No file chosen

Message Read

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2020 18:21	Photos		Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2020 18:21	Photos		Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2020 18:21	Photos		Normal	Pt
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2020 18:20	Photos		Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2020 18:20	Photos		Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2020 18:20	Photos		Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2020 18:20	Photos		Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2020 18:20	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2020 18:20	SAS		Normal	5

Video List

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