

Claim Handling

Task Transfer

Exit

Accident MT/1115109

LOS

SAL

SUB

Policy No.

5066588917-06

Certificate No.

Policyholder Name

LOEI SEK WAN

Product Code

PRIVATE CAR INSURANCE

Contact No.(Mobile)

97848633

Email Address

KFK

No

Yes

NCD Protection

No

Vehicle No.

SJG8593Y

GST Registration No.

Cover Type

drivo CLASSIC

Contact No.(Office)

Special Remark

TCA

No

Yes

NCD Entitlement(%)

40

Policyholder NRIC

S1677531B

Loading

0

Contact No.(Home)

eCode

No

eCode Reason

Private Hire

No

Accident Details

Report Date

28/12/2020 10:40

Date of Accident

24/12/2020

Reporting Centre

NATIONAL ASSESSMENT CENTRE

Accident Location

KPE BEFORE TAMPINES EXIT

Accident Report Within 24 hrs

Yes

Time of Accident hh:mm

14:00

Orange Force

No

Accident Type

Collision - Head to Rear

Country of Accident

Singapore

ICM No.

Total Excess Applicable

Excess Type

Per Accident

Windscreen Excess

100.00

OD Standard Excess

0.00

YIED OD Excess

0.00

Additional Excess

0.00

Total OD Excess Applicable

0.00

TP Standard Excess

0.00

YIED TP Excess

0.00

Total TP Excess Applicable

0.00

Driver is Covered?

Covered

Benefits

Coverage

Sum Insured

Excess Waiver

9999999.99

GST Registered Information

GST Registered

No

GST Registration Date

GST Registration No.

GST Status Verified

Yes

Modification History

Policyholder Mailing Address

Address 1

BLK 122B #14-21

Address 2

SENGKANG EAST WAY

Address 3

SINGAPORE 542122

Address 4

Address Type

Singapore address

Post Code

542122

Unit No.

14-21

Related Policy Number

5066588917-06

OI Driver Info

Driver Name

LOEI SEK WAN

Driver Type

Main Driver

Driver DOB

13/08/1964

Unnamed driver Name

Driver NRIC

S1677531B

Driving Experience

32

Register Date of Driver License

01/01/1988

Driver Age

56

Contact No.(Home)

Contact No.(Mobile)

97848633

Contact No.(Office)

Address 3

SINGAPORE 542122

Address 1

BLK 122B #14-21

Address 2

SENGKANG EAST WAY

Post Code

542122

Address 4

Address Type

Singapore address

Unit No.

14-21

Does he own a Singapore Registered car?

Yes

No

Driver Vehicle No.

SJG8593Y

Driver Insurer Company

NTUC

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

Yes

No

Investigation

Claim 001 OD-MX

New

Claim

Case Officer

LOS

SAL

SUB

Claim Type

OD-MX

Contact No.(Mobile)

97848633

Email Address

JEREMIAHLOEI@GMAIL.COM

Claim Description

SJG8593Y / SDN2000R ON 24 Dec 2020

Insured Name

LOEI SEK WAN

Contact No.(Home)

OI Vehicle Number

SJG8593Y

Insured NRIC

S1677531B

Contact No.(Office)

TP Vehicle Number

SDN2000R

Name of Preferred Workshop

Preferred Workshop

Yes

No

Preferred Repair Option

Preferred Workshop, Name unknown

Insured Liability report

Not at Reelied

Date Registered

29/12/2020 10:56

Claim Close Date

Date Received

28/12/2020 10:51

Report Taken By

ROS LI WAHAB

Workshop Repairer

Total Loss but Repaired

Print AK letter

Modification History

Special Claim Creation Approval

Approval

Reason

Remarks

Attachment

Attachment List

 Video List

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