

**Claim Handling**

[Task Transfer](#) [Exit](#)

▼ **Accident MT/1115457**

LOS SAL SUB

Policy No.	5110412966-01	Vehicle No.	SMM3699S	GST Registration No.	
Certificate No.					
Policyholder Name	KITTY HU BOBING			Policyholder NRIC	S7628682E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	96959095	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No ▼
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

▼ **Accident Details**

Report Date	29/12/2020 16:20	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	11/12/2020	Time of Accident hh:mm	22:05	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	PIE, Singapore				

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
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	74 FABER HEIGHTS	Address 2	FABER HILLS	Address 3	SINGAPORE 129194
Address 4		Address Type	Singapore address	Post Code	129194
Unit No.		Related Policy Number	5110412966-01		

▼ **OI Driver Info**

Driver Name	CHOW YI MAN	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S2173968E	Driver DOB	22/10/1952
Register Date of Driver License	21/08/1975	Driver Age	68	Driving Experience	45
Contact No.(Mobile)	97309198	Contact No.(Office)		Contact No.(Home)	
Address 1	74 FABER HEIGHTS	Address 2	# FABER HILLS	Address 3	SINGAPORE 129194
Address 4		Address Type	Singapore address	Post Code	129194
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

▼ **Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Modification History			

▼ **Investigation**

**Claim 001 OD-MD**

▼ **Claim Case Officer Yap Chee Ling**

Claim Type	OD-MD	Insured Name	KITTY HU BOBING	Insured NRIC	S7628682E
Contact No.(Mobile)	96959095	Contact No. (Home)	65723200	Contact No. (Office)	
Email Address	kit_hu@yahoo.com	OI Vehicle Number	SMM3699S	TP Vehicle Number	SMA4853U
Claim Description	SMM3699S / SMA4853U ON 11 Dec 2020			Name of Preferred Workshop	
Preferred Workshop Contact No. (Mobile)		Insured at Preferred Repair Option	income to assign workshop	Insured at Preferred Repair Option	Not at Preferred Repair Option
Date Registered	29/12/2020 16:26	Claim Close Date		Date Received	29/12/2020 17:..
Report Taken By	SHAN HUI	Workshop Repairer		Total Loss but Repaired	

Print AK letter

OD Excess  
Collected by  
Workshop

Modification History

Special Claim Creation Approval

Approval Reason

Remarks

damage assessment Attachment

Vehicle Info

Vehicle Make	TOYOTA	Vehicle Model	SIENTA	Engine Capacity	
Date of Registration	27/06/2019	Classis No.	NSP1707190409		
Towing Required *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle in IDAC *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Parallel Import *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Type of Tender *	Own Damage	Assessor Name *	GUO QIANG	Survey Current Status	
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA		
Windscreen Parts & Labour Cost		Total Loss *	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Market Value(\$) *	84000.00	Scrape Value(\$) *	37948.00	Economical Repair Value(\$) *	

REMARK:UNSAVE TO REPAIR.

Remark \*

Remark for Supplementary

Damage Listing

NUM	No.	Part No.	Description	Qty *	Repair Code *
METER (M/C)					
MIRROR					
MONOKEY BOX (M/C)					
MUDFLAP					
MUFFLE (M/C)					
NOSE PANEL					
NUMBER PLATE					
NUMBER PLATE					
NUMBER PLATE (FRONT)	1	32200101	NUMBER PLATE (FRONT)	1	Replace
NUMBER PLATE (REAR)					
NUMBER PLATE BASE					
NUMBER PLATE BRACKET					
NUMBER PLATE CENTRE PAD					
NUMBER PLATE GARNISH					
NUMBER PLATE LAMP					
NUMBER PLATE LAMP BRACKET					
OIL COOLER					
OIL FILTER					
OIL PRESSURE SWITCH					
OIL PUMP					
OIL SUMP					

Save Submit