

Claim Handling

Accident MT/1112987

Policy No.	5104138628-02	Vehicle No.	SMM7917L	GST Registration No.	
Certificate No.					
Policyholder Name	HOME ESSENTIALS SINGAPORE PTE LTD			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	94782161	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	
▼ Accident Details					
Report Date	09/12/2020 16:20	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	06/12/2020	Time of Accident hh:mm	11:15	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	SITH AVENUE				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	Yes	GST Registration Date	01/05/199		
GST Registration No.	199606985K	GST Status Verified	Yes		
Modification History	09/12/2020 16:30:15 System changed GST Registration Date from 01/01/2015 to 01/05/1997 09/12/2020 16:30:15 System changed GST Status Verified from No to Yes				
▼ Policyholder Mailing Address					
Address 1	102E PASIR PANJANG ROAD	Address 2	#06-01 CITILINK WAREHOUSE	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5104138628-02		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	EXLINE SAM A	Driver NRIC	F5508927L	Driver DOB	
Register Date of Driver License	29/10/1997	Driver Age	78	Driving Experience	
Contact No.(Mobile)	94782161	Contact No.(Office)		Contact No.(Home)	
Address 1	102E PASIR PANJANG ROAD	Address 2	#06-01 CITILINK WAREHOUSE	Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.	06-01				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.	SMM7917	Driver Insurer Comp	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ☒ No		
Modification History					
Claim 001 New					
Claim Type *	OD-MX			Insured Name	HOME ES
Contact No.(Mobile)				Contact No. (Home)	
Email Address				OI Vehicle Number	SMM7917
Claim Description	SMM7917L / SLE3623P ON 6 Dec 2020				
Preferred Workshop		Insured Liability	Partially at Fault		
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				09/12/2020 17:08	Claim Close Date

☒ Print AK letter

Save

Submit

Attachment

Accident No.

MT/1112987

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

09/12/2020 17:09

Path *

Category *

Confidential

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NO

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No file chosen

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2020 17:09	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2020 17:09	Photos		Normal	Photos 2
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2020 17:08	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2020 17:08	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2020 17:08	NRIC/ Driving License	Y	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2020 17:08	SAS		Normal	SAS 20

Video List

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