

Claim Handling

Accident MT/1116959

Policy No.	5042283193-10	Vehicle No.	SFU8283R	GST Registration No.	
Certificate No.					
Policyholder Name	QUEK MONG HUAT			Policyholder NRIC	S1243132E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	98336676	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	11/01/2021 19:50	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	08/01/2021	Time of Accident hh:mm	18:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BISHAN TWDS TOA PAYOH				

▼ 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	1,000.00				
Total OD Excess Applicable	1,600.00	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 305 #16-1159	Address 2	ANG MO KIO AVENUE 1	Address 3	SINGAPORE 56031
Address 4		Address Type	Singapore address	Post Code	560305
Unit No.		Related Policy Number	5042283193-10		

▼ OI Driver Info

Driver Name	QUEK MONG HUAT	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1243132E	Driver DOB	15/08/1956
Register Date of Driver License	05/03/1975	Driver Age	64	Driving Experience	45
Contact No.(Mobile)	98336676	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 305	Address 2	ANG MO KIO AVENUE 1	Address 3	SINGAPORE 56031
Address 4		Address Type	Singapore address	Post Code	560305
Unit No.	#16-1159				
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	QUEK MONG HUAT	Insured NRIC		
Contact No.(Mobile)	98336676	Contact No. (Home)		Contact No. (Office)		
Email Address	QMHERIC@HOTMAIL.COM	Vehicle Number	SFU8283R	TP Vehicle Number		
Claim Description	SFU8283R / SLZ5158S ON 8 Jan 2021				Name of Preferred Workshop	
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	11/01/2021 19:55	Date Received		
Report Taken By	ROSILINDA	Workshop Repairer		Total Loss but Repaired		

☒ Print AK letter

Save Submit

Attachment

▼

Accident No.	MT/1116959	Claim No.	001
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1/11/2021

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

Last Doc. Received

Yes

No

Upload Date

11/01/2021 00:00

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 19:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 19:55	SAS		Normal	SAS 2021-1-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 19:55	Photos		Normal	Photos 2021-1-11
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Video List

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