

Claim Handling

Accident MT/1116803

Policy No.	5115385740	Vehicle No.	SBY7889B	GST Registration No.
Certificate No.				
Policyholder Name	CHIN WAI CHEE			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading
Contact No.(Mobile)	96363860	Contact No.(Office)	64691986	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	11/01/2021 12:54	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	09/01/2021	Time of Accident hh:mm	12:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	HOLLAND ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	1100.00	Total TP Excess Applicable	0.00	

▼ Benefits

Coverage	Sum Insured
Transport Allowance	99999999.99

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	20 VICTORIA PARK ROAD	Address 2	VICTORIA PARK	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5100613111-02	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LIM KHOON ANN SEBASTIAN	Driver NRIC	S1691940C	Driver DOB
Register Date of Driver License	23/05/1984	Driver Age	55	Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1	20 VICTORIA PARK ROAD	Address 2	# VICTORIA PARK	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SBY7889B	Driver Insurer Comp

Declaration

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

Claim 001

New

Claim Type *	OD-MX	Insured Name	CHIN WA
Contact No.(Mobile)		Contact No. (Home)	64691986
Email Address		OI Vehicle Number	SBY7889
Claim Description	SBY7889B / SLL3070G ON 9 Jan 2021		
Preferred Workshop	Yes	Insured Liability	Preferred Workshop, Name unknown
Insured Repair		GIA report	Pending

1/11/2021

Claim Handling(accident reporting Claim Task)

Date Registered

Option

11/01/2021 13:06

Claim Close Date

Report Taken By

ROSLI WAHAB

☒ Print AK letter

Save

Submit

Attachment

▼

Accident No.

MT/1116803

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

11/01/2021 13:08

Path *

Category *

Confidential

Choose File

No file chosen

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No file chosen

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No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

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No file chosen

Message Read

Clear

Please Select

NO

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










NO

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Please Select

NO

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 13:08	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 13:08	Photos		Normal	Photos 2
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Uploaded By/Date	Folder Date	File Name	
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