

Claim Handling

The premium on this policy has not been collected.

Accident MT/1117855

Policy No.	5119175017	Vehicle No.	SLB5544L	GST Registration No.	
Certificate No.					
Policyholder Name	CHAN SHAO YU, EUGENE			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	
Contact No.(Mobile)	96902407	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	

▼ Accident Details

Report Date	19/01/2021 09:13	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	16/01/2021	Time of Accident hh:mm	06:50	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	Halus Link, Singapore				

▼ 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?	
Additional Excess	0				
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	47 #47A LORONG 27 GEYLANG	Address 2	SINGAPORE 388179	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	47A	Related Policy Number	5119175017		

▼ OI Driver Info

Driver Name	CHAN SHAO YU EUGENE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9526107H	Driver DOB	
Register Date of Driver License	08/07/2014	Driver Age	25	Driving Experience	
Contact No.(Mobile)	96902407	Contact No.(Office)		Contact No.(Home)	
Address 1	47 #47A LORONG 27 GEYLANG	Address 2	SINGAPORE 388179	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	47A				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Comp	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	☒ Yes ☐ No		
Modification History					

Claim 001 New

Claim Type *	OD-MD	Insured Name	CHAN SH		
Contact No.(Mobile)	97850900	Contact No. (Home)			
Email Address	ohsinsurance@yahoo.com	OI Vehicle Number	SLB5544		
Claim Description	SLB5544L ON 16 Jan 2021				
Preferred Workshop	96813469	Insured Liability	Partially at Fault		
Contact No. (Insured)	Yes	Repair Option	Preferred Workshop (refer below)		
Date Registered		GIA report	Received		
			19/01/2021 09:15	Claim Close Date	

Report Taken By

SHAN HUI

☒ Print AK letter

Save Submit

Attachment

Accident No.

MT/1117855

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

19/01/2021 09:17

Path *

Category *

Confidential

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Message Read

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jan 2021 09:17	SAS		Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jan 2021 09:17	NRIC/ Driving License	Y	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jan 2021 09:17	NRIC/ Driving License	Y	Normal	NRIC/ Driving Li
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jan 2021 09:16	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jan 2021 09:16	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jan 2021 09:16	Photos		Normal	Photos 2
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jan 2021 09:16	Photos		Normal	Photos 2

Video List

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