

Claim Handling

Accident MT/1118143

|                     |                                                    |                     |                                                               |                      |
|---------------------|----------------------------------------------------|---------------------|---------------------------------------------------------------|----------------------|
| Policy No.          | 5111295683-01                                      | Vehicle No.         | EB222G                                                        | GST Registration No. |
| Certificate No.     |                                                    |                     |                                                               |                      |
| Policyholder Name   | OW YONG TUCK YANG @OW TUCK YANG                    |                     |                                                               | Policyholder NRIC    |
| Product Code        | PRIVATE CAR INSURANCE                              | Cover Type          | drivo PREMIUM                                                 | Loading              |
| Contact No.(Mobile) | 96478028                                           | Contact No.(Office) |                                                               | 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(%)  | 40                                                            | Private Hire         |

▼ Accident Details

|                   |                           |                               |       |                     |
|-------------------|---------------------------|-------------------------------|-------|---------------------|
| Report Date       | 21/01/2021 09:16          | Accident Report Within 24 hrs | Yes   | Accident Type       |
| Date of Accident  | 17/01/2021                | Time of Accident hh:mm        | 12:48 | Country of Accident |
| Reporting Centre  |                           | Orange Force                  |       | ICM No.             |
| Accident Location | 210 BEDOK CENTRAL CARPARK |                               |       |                     |

▼ 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 | BLK 407 #12-181  | Address 2             | BEDOK NORTH AVENUE 3 | Address 3 |
| Address 4 | SINGAPORE 460407 | Address Type          | Singapore address    | Post Code |
| Unit No.  | 12-181           | Related Policy Number | 5111295683-01        |           |

▼ OI Driver Info

|                                         |                                                               |                     |                      |                     |
|-----------------------------------------|---------------------------------------------------------------|---------------------|----------------------|---------------------|
| Driver Name                             | OW YONG CHAAN LOUNG (OUYANG ZHENLONG)                         | Driver Type         | Named Driver         |                     |
| Unnamed driver Name                     |                                                               | Driver NRIC         | S8837372C            | Driver DOB          |
| Register Date of Driver License         | 01/01/2016                                                    | Driver Age          | 32                   | Driving Experience  |
| Contact No.(Mobile)                     | 96478028                                                      | Contact No.(Office) |                      | Contact No.(Home)   |
| Address 1                               | BLK 407 #12-181                                               | Address 2           | BEDOK NORTH AVENUE 3 | Address 3           |
| Address 4                               | SINGAPORE 460407                                              | Address Type        | Singapore address    | Post Code           |
| Unit No.                                | 12-181                                                        |                     |                      |                     |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.  |                      | Driver Insurer Comp |

Declaration

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

Modification History

Claim 001

New

|                          |                                  |                         |                                  |
|--------------------------|----------------------------------|-------------------------|----------------------------------|
| Claim Type *             | OD-MX                            | Insured Name            | OW YONG                          |
| Contact No.(Mobile)      | 93831801                         | Contact No. (Home)      | 6443220                          |
| Email Address            |                                  | OI Vehicle Number       | EB222G                           |
| Claim Description        | EB222G / SBA2057U ON 17 Jan 2021 |                         |                                  |
| Preferred Workshop       |                                  | Insured Liability       | Not at Fault                     |
| Contact No. Finalisation | Yes                              | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered          |                                  | GIA report              | Received                         |
|                          |                                  |                         | 21/01/2021 09:27                 |
|                          |                                  | Claim Close Date        |                                  |

☒ Print AK letter

Save

Submit

Attachment

Accident No.

MT/1118143

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

21/01/2021 09:28

Path \*

Category \*

Confidential

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

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NO

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No file chosen

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Please Select

NO

Message Read

Attachment List

| Attachment | Uploaded By/Date                                                                 | Category              |   | Urgency | Descr            |
|------------|----------------------------------------------------------------------------------|-----------------------|---|---------|------------------|
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>21 Jan 2021 09:28 | Photos                |   | Normal  | Photos 2         |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>21 Jan 2021 09:28 | Photos                |   | Normal  | Photos 2         |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>21 Jan 2021 09:28 | Photos                |   | Normal  | Photos 2         |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>21 Jan 2021 09:28 | Photos                |   | Normal  | Photos 2         |
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|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>21 Jan 2021 09:27 | Photos                |   | Normal  | Photos 2         |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>21 Jan 2021 09:27 | Photos                |   | Normal  | Photos 2         |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>21 Jan 2021 09:27 | NRIC/ Driving License | Y | Normal  | NRIC/ Driving Li |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>21 Jan 2021 09:27 | NRIC/ Driving License | Y | Normal  | NRIC/ Driving Li |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>21 Jan 2021 09:27 | NRIC/ Driving License | Y | Normal  | NRIC/ Driving Li |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>21 Jan 2021 09:27 | SAS                   |   | Normal  | SAS 20           |

Video List

| Uploaded By/Date                                               | Folder Date | File Name |  |
|----------------------------------------------------------------|-------------|-----------|--|
| <div>Display in New Window</div> <div>Scan and uploading</div> |             |           |  |