

Claim Handling

Accident MT/1118112

Policy No.	5110867532-01	Vehicle No.	SJR8239M	GST Registration No.	
Certificate No.					
Policyholder Name	YEO CHOR HENG			Policyholder NRIC	S1657075C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	97831853	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" 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	No

▼ Accident Details

Report Date	20/01/2021 17:37	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	19/01/2021	Time of Accident hh:mm	19:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SIMON 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	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
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	5 NIM GREEN	Address 2	SELETAR HILLS ESTATE	Address 3	SINGAPORE 80761
Address 4		Address Type	Singapore address	Post Code	807605
Unit No.		Related Policy Number	5120674316		

▼ OI Driver Info

Driver Name	CALVIN YEO WEI XIANG	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S9339345G	Driver DOB	16/10/1993
Register Date of Driver License	01/01/2013	Driver Age	27	Driving Experience	8
Contact No.(Mobile)	86888851	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 808B	Address 2	CHOA CHU KANG AVENUE 1	Address 3	KEAT HONG AXIS
Address 4	SINGAPORE 682808	Address Type	Singapore address	Post Code	682808
Unit No.	#12-578				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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 OD-MX New

Claim Type *	OD-MX	Insured Name	YEO CHOR HENG	Insured NRIC	
Contact No.(Mobile)		Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		OI Vehicle Number	SJR8239M	TP Vehicle Number	
Claim Description	SJR8239M / SGN7999R ON 19 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	20/01/2021 17:46
Report Taken By			ROSLINDA	Workshop Repairer	
				Date Received	
				Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

Accident No. MT/1118112 Claim No. 001

1/20/2021

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

Last Doc. Received

Yes

No

Upload Date

20/01/2021 00:00

Path \*

Choose File

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Message Read

Category \*

Confidential

Urgency \*

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Attachment List


Attachment

Uploaded By/Date

Category

Urgency

Description




NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2021 17:45

NRIC/ Driving License

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Normal

NRIC/ Driving License 2021-1-20




NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2021 17:45

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Photos

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Photos 2021-1-20

Video List

Uploaded By/Date

Folder Date

File Name

Source

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Scan and uploading

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