

**Accident MT/1118501**

Policy No.	5096445425-03	Vehicle No.	SLJ3998G	GST Registration No.
Certificate No.				
Policyholder Name	FOO SUAN KIT			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	96204105	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
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

### ▼ Accident Details

Report Date	25/01/2021 08:46	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	21/01/2021	Time of Accident hh:mm	19:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE TOWARDS CHANGI BEFORE CTE EXIT			

#### ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00
YIED OD Excess	0.00	YIED TP Excess	0.00
Additional Excess	0.00		
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00

Driver is Covered?

### 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 204 #09-110	Address 2	SERANGOON CENTRAL	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5096445425-03	

#### ▼ OI Driver Info

Driver Name	WOO WAN NAN EVELYN	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S7321374F	Driver DOB
Register Date of Driver License	08/01/1996	Driver Age	47	Driving Experience
Contact No.(Mobile)	97271379	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 204 #09-110	Address 2	SERANGOON CENTRAL	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	09-110			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company

## Declaration

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

### Modification History

**Claim 001 OD-MX** **New**

Claim Type *	OD-MX		Insured Name	FOO SU
Contact No.(Mobile)	98589557		Contact No. (Home)	628946
Email Address			OI Vehicle Number	SLJ399
Claim Description	SLJ3998G / SGF3968Z ON 21 Jan 2021			
Preferred Workshop		Insured Liability	Not at Fault	
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	25/01/2021 08:56		Claim Close Date	

☒ Print AK letter

Save

Submit

Attachment

▼

Accident No. MT/1118501

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 25/01/2021 00:00

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

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NO

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NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Desi
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jan 2021 08:56	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jan 2021 08:56	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jan 2021 08:56	Photos		Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jan 2021 08:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving l
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jan 2021 08:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving l

Video List

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