

Claim Handling

Accident MT/1118779

Policy No.	5115554870	Vehicle No.	SMR8443D	GST Registration No.
Certificate No.				
Policyholder Name	LIM TING FENG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	97200005	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	☐ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	26/01/2021 13:56	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	22/01/2021	Time of Accident hh:mm	23:25	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	Pasir Ris Industrial Drive 1, Singapore			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	1000			
Total OD Excess Applicable	3000.00	Total TP Excess Applicable	1,500.00	

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 784B #09-22	Address 2	WOODLANDS RISE	Address 3
Address 4	SINGAPORE 732784	Address Type	Singapore address	Post Code
Unit No.	09-22	Related Policy Number	5115554870-01	

OI Driver Info

Driver Name	LIM TING FENG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8505442B	Driver DOB
Register Date of Driver License	03/11/2014	Driver Age	35	Driving Experience
Contact No.(Mobile)	97200005	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 784B #09-22	Address 2	WOODLANDS RISE	Address 3
Address 4	SINGAPORE 732784	Address Type	Singapore address	Post Code
Unit No.	09-22			
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
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Modification History

Claim 001

New

Claim Type *	OD-MD	Insured Name	LIM TING
Contact No.(Mobile)		Contact No. (Home)	NIL
Email Address		OI Vehicle Number	SMR8443
Claim Description	SMR8443D / TREE/KERB/DIVIDER ON 22 Jan 2021		
Preferred Workshop	81016628	Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered		GIA report	Received
			26/01/2021 13:59
		Claim Close Date	

☒ Print AK letter

Save Submit

Attachment

Accident No.

MT/1118779

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

26/01/2021 14:02

Path *

Category *

Confidential

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

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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

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jan 2021 14:02	SAS		Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jan 2021 14:02	NRIC/ Driving License	Y	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jan 2021 14:00	Photos		Normal	Photos 2
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jan 2021 13:59	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jan 2021 13:59	Photos		Normal	Photos 2

Video List

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