

Claim Handling

Accident MT/1119374

Policy No.	5112902776-01	Vehicle No.	SMP4138Y	GST Registration No.	
Certificate No.					
Policyholder Name	LIAN ENG SIONG			Policyholder NRIC	S1741942J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	86132661	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

▼ Accident Details

Report Date	30/01/2021 18:48	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	29/01/2021	Time of Accident hh:mm	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PARAGON ORCHARD				

▼ 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?	Covered
Additional Excess	0				
Total OD Excess Applicable	2000.00	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 450 #03-64	Address 2	JURONG WEST STREET 42	Address 3	SINGAPORE 640450
Address 4		Address Type	Singapore address	Post Code	640450
Unit No.	03-64	Related Policy Number	5112902776-01		

▼ OI Driver Info

Driver Name	LIAN ENG SIONG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1741942J	Driver DOB	12/07/1966
Register Date of Driver License	14/04/1984	Driver Age	54	Driving Experience	36
Contact No.(Mobile)	86132661	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 450 #03-64	Address 2	JURONG WEST STREET 42	Address 3	SINGAPORE 640450
Address 4		Address Type	Singapore address	Post Code	640450
Unit No.	03-64				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.	SMP4138Y	Driver Insurer Company	NTUC

Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	LIAN ENG SIONG	Insured NRIC		
Contact No.(Mobile)		Contact No. (Home)	NIL	Contact No. (Office)		
Email Address		OI Vehicle Number	SMP4138Y	TP Vehicle Number		
Claim Description	SMP4138Y / SKD912S ON 29 Jan 2021				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault			
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered				Claim Close Date	30/01/2021 18:52	
Report Taken By	ROS LI WAHAB					
☒ Print AK letter						

Save Submit

Attachment

Accident No.	MT/1119374	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	30/01/2021 18:53

Attachment List

▼ **Video List**

Display in New Window Scan and uploading