

Claim Handling

Accident MT/1119609

Policy No.	5097388634-02	Vehicle No.	SMA8666S	GST Registration No.	
Certificate No.					
Policyholder Name	AW YING SZE, MELANIE			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	
Contact No.(Mobile)	98488748	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	No	NCD Entitlement(%)	0	Private Hire	

▼ Accident Details

Report Date	02/02/2021 08:43	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	30/01/2021	Time of Accident hh:mm	13:20	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	345 JURONG EAST STREET 31 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 327 #12-172	Address 2	JURONG EAST STREET 31	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5097388634-02		

▼ OI Driver Info

Driver Name	AW YING SZE, MELANIE (HOU YINGSHI)	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8601695H	Driver DOB	
Register Date of Driver License	18/11/2005	Driver Age	35	Driving Experience	
Contact No.(Mobile)	98488748	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 327 #12-172	Address 2	JURONG EAST STREET 31	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.					
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
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	AW YING
Contact No.(Mobile)	98488748	Contact No. (Home)	
Email Address	MELANIEAWYS@GMAIL.COM	OI Vehicle Number	SMA8666
Claim Description	SMA8666S / SKG5958L ON 30 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
			02/02/2021 08:47
			Claim Close Date

☒ Print AK letter

Save

Submit

Attachment

▼

Accident No. MT/1119609

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 02/02/2021 08:47

Path *

Category *

Confidential

Choose File

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No file chosen

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No file chosen

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No file chosen

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Message Read

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▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Feb 2021 08:47	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Feb 2021 08:47	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Feb 2021 08:47	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Feb 2021 08:47	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Feb 2021 08:47	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Feb 2021 08:47	SAS		Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Feb 2021 08:47	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>			