

Claim Handling

Accident MT/1120191

| | | | | | |
|---------------------|---|---------------------|---|----------------------|--|
| Policy No. | <input type="text" value="5116595955"/> | Vehicle No. | <input type="text" value="PC7525B"/> | GST Registration No. | |
| Certificate No. | <input type="text" value="5116595955-000001"/> | | | | |
| Policyholder Name | <input type="text" value="SUNNYBAY TRANSPORT PTE LTD"/> | | | Policyholder NRIC | |
| Product Code | <input type="text" value="FLEET MASTER INSURANCE"/> | Cover Type | <input type="text" value="Comprehensive"/> | Loading | |
| Contact No.(Mobile) | <input type="text" value="94716633"/> | Contact No.(Office) | <input type="text"/> | Contact No.(Home) | |
| Email Address | <input type="text"/> | Special Remark | <input type="text"/> | | |
| KFK | <input type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode | |
| NCD Protection | <input type="text" value="No"/> | NCD Entitlement(%) | <input type="text" value="0"/> | eCode Reason | |
| | | | | Private Hire | |

▼ **Accident Details**

| | | | | | |
|-------------------|---|-------------------------------|--------------------------------------|---------------------|--|
| Report Date | <input type="text" value="06/02/2021 09:08"/> | Accident Report Within 24 hrs | <input checked="" type="radio"/> Yes | Accident Type | |
| Date of Accident | <input type="text" value="04/02/2021"/> | Time of Accident hh:mm | <input type="text" value="18:30"/> | Country of Accident | |
| Reporting Centre | <input type="text"/> | Orange Force | | ICM No. | |
| Accident Location | <input type="text" value="TPE"/> | | | | |

▼ **Total Excess Applicable**

| | | | | |
|----------------------------|---------------------------------------|----------------------------|---------------------------------------|--------------------|
| Excess Type | Per Accident | Windscreen Excess | <input type="text" value="100.00"/> | |
| OD Standard Excess | <input type="text" value="2,000.00"/> | TP Standard Excess | <input type="text" value="1,500.00"/> | |
| YIED OD Excess | <input type="text" value="0.00"/> | YIED TP Excess | <input type="text" value="0.00"/> | Driver is Covered? |
| Additional Excess | <input type="text"/> | | | |
| Total OD Excess Applicable | <input type="text" value="2000.00"/> | Total TP Excess Applicable | <input type="text" value="1,500.00"/> | |

▼ **Benefits**

| | | | |
|-----------|--|------------------------------------|--|
| Coverage | | Sum Insured | |
| Accessory | | <input type="text" value="10000"/> | |

▼ **GST Registered Information**

| | | | |
|----------------------|--|-----------------------|--------------------------------------|
| GST Registered | <input type="text" value="No"/> | GST Registration Date | <input type="text"/> |
| GST Registration No. | <input type="text"/> | GST Status Verified | <input checked="" type="radio"/> Yes |
| Modification History | <input type="text" value="06/02/2021 09:10:20 System changed GST Status Verified from No to Yes"/> | | |

▼ **Policyholder Mailing Address**

| | | | | | |
|-----------|--|-----------------------|--|-----------|--|
| Address 1 | <input type="text" value="33 UBI AVENUE 3"/> | Address 2 | <input type="text" value="#08-13 VERTEX"/> | Address 3 | |
| Address 4 | <input type="text"/> | Address Type | <input type="text" value="Singapore address"/> | Post Code | |
| Unit No. | <input type="text" value="08-13"/> | Related Policy Number | <input type="text" value="5118447461"/> | | |

▼ **OI Driver Info**

| | | | | |
|---|---|---------------------|---|----------------------|
| Driver Name | <input type="text" value="Unnamed Driver"/> | Driver Type | <input type="text" value="Unnamed Driver"/> | |
| Unnamed driver Name | <input type="text" value="MOHAMED HAMZAH BIN MOENI"/> | Driver NRIC | <input type="text" value="S1301897I"/> | Driver DOB |
| Register Date of Driver License | <input type="text" value="13/12/1990"/> | Driver Age | <input type="text" value="62"/> | Driving Experience |
| Contact No.(Mobile) | <input type="text" value="97845658"/> | Contact No.(Office) | <input type="text"/> | Contact No.(Home) |
| Address 1 | <input type="text" value="BLK 119 #04-184"/> | Address 2 | <input type="text" value="BEDOK RESERVOIR ROAD"/> | Address 3 |
| Address 4 | <input type="text" value="SINGAPORE 470119"/> | Address Type | <input type="text" value="Singapore address"/> | Post Code |
| Unit No. | <input type="text" value="04-184"/> | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | <input type="text"/> | Driver Insurer Comp: |

Declaration

| | | | |
|-------------------------------------|-----------------------------------|-------------|---|
| Breathalyser or Blood Test Reading? | <input type="text" value="0 mg"/> | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|-----------------------------------|-------------|---|

Modification History

Claim 001 **New**

| | | | |
|---------------------|---|-------------------|---------------------------------------|
| Claim Type * | <input type="text" value="OD-MX"/> | Insured Name | <input type="text" value="SUNNYBAY"/> |
| Contact No.(Mobile) | <input type="text"/> | Contact No.(Home) | <input type="text" value="NIL"/> |
| Email Address | <input type="text"/> | OI Vehicle Number | <input type="text" value="PC7525B"/> |
| Claim Description | <input type="text" value="PC7525B / SMC8216Y ON 4 Feb 2021"/> | | |

| | | | | | |
|--------------------|----------------------|-------------------|---|------------|---------------------------------------|
| Preferred Workshop | <input type="text"/> | Insured Liability | <input type="text" value="Preferred Workshop, Name unknown"/> | GIA report | <input type="text" value="Received"/> |
| Preferred Repair | <input type="text"/> | | | | |

Date Registered

Option

06/02/2021 09:11

Claim Close Date

Report Taken By

SHAN HUI

Print AK letter

Save Submit

Attachment

Accident No.

MT/1120191

Claim No.

001

Last Doc. Received

Yes No

Upload Date

06/02/2021 09:11

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

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Message Read

Attachment List

| Attachment | Uploaded By/Date | Category | | Urgency | Descr |
|------------|--|-----------------------|---|---------|-----------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Feb 2021 09:11 | SAS | | Normal | SAS 20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Feb 2021 09:11 | NRIC/ Driving License | Y | Normal | NRIC/ Driving L |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Feb 2021 09:11 | Photos | | Normal | Photos 2 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Feb 2021 09:11 | Photos | | Normal | Photos 2 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Feb 2021 09:11 | Photos | | Normal | Photos 2 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Feb 2021 09:11 | Photos | | Normal | Photos 2 |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Feb 2021 09:11 | Photos | | Normal | Photos 2 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Feb 2021 09:11 | Photos | | Normal | Photos 2 |

Video List

| Uploaded By/Date | Folder Date | File Name | |
|------------------|-------------|-----------|--|
|------------------|-------------|-----------|--|

Display in New Window

Scan and uploading