

Claim Handling

Accident MT/1120486

Policy No.	5119470160	Vehicle No.	SLR4053J	GST Registration No.	
Certificate No.					
Policyholder Name	CHAN KIM HOVE			Policyholder NRIC	S2539934Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	87570419	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	08/02/2021 20:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	06/02/2021	Time of Accident hh:mm	17:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS CHANGI B4 THOMSON FLYOVER ON LANE 1				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0.00				
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 153 #09-41	Address 2	SIMEI STREET 1	Address 3	SINGAPORE 5201!
Address 4		Address Type	Singapore address	Post Code	520153
Unit No.		Related Policy Number	5119470160		

OI Driver Info

Driver Name	CHAN YAN TING	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S9648482H	Driver DOB	28/04/1996
Register Date of Driver License	27/12/2017	Driver Age	24	Driving Experience	3
Contact No.(Mobile)	87570419	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 153	Address 2	SIMEI STREET 1	Address 3	SINGAPORE 5201!
Address 4		Address Type	Singapore address	Post Code	520153
Unit No.	#09-41				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	CHAN KIM HOVE	Insured NRIC		
Contact No.(Mobile)	81335583	Contact No. (Home)	67853269	Contact No. (Office)		
Email Address	CHANKIMHOVE@HOTMAIL.COM	OI Vehicle Number	SLR4053J	TP Vehicle Number		
Claim Description	SLR4053J / GBF1470P ON 6 Feb 2021				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault			
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered		Claim Close Date	08/02/2021 20:51	Date Received		
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired		

Print AK letter

Save Submit

Attachment

Accident No. MT/1120486 Claim No. 001

Last Doc. Received

Yes No

Upload Date

08/02/2021 00:00

Path *

Category *

Confidential

Urgency *

- No file chosen

<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2021 20:51	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-2-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2021 20:51	SAS		Normal	SAS 2021-2-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2021 20:51	Photos		Normal	Photos 2021-2-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2021 20:51	Photos		Normal	Photos 2021-2-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2021 20:51	Photos		Normal	Photos 2021-2-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2021 20:50	Photos		Normal	Photos 2021-2-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2021 20:50	Photos		Normal	Photos 2021-2-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2021 20:50	Photos		Normal	Photos 2021-2-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2021 20:50	Photos		Normal	Photos 2021-2-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2021 20:50	Photos		Normal	Photos 2021-2-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2021 20:50	Photos		Normal	Photos 2021-2-8

Video List

Uploaded By/Date	Folder Date	File Name		Source
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