

Claim Handling

Accident MT/1120500

Policy No.	5110192165-01	Vehicle No.	SMG7429K	GST Registration No.	
Certificate No.					
Policyholder Name	JEREMIAH ONG RAY			Policyholder NRIC	S9934188B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	87774284	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	09/02/2021 09:37	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	07/02/2021	Time of Accident hh:mm	23:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KRANJI WAY				

▼ 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?	Covered
Additional Excess	1,500.00				
Total OD Excess Applicable	2,100.00	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 255 #12-60	Address 2	SERANGOON CENTRAL DRIVE	Address 3	SINGAPORE 550255
Address 4		Address Type	Singapore address	Post Code	550255
Unit No.	12-60	Related Policy Number	5110192165-01		

▼ OI Driver Info

Driver Name	JEREMIAH ONG RAY	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9934188B	Driver DOB	29/10/1999
Register Date of Driver License	31/05/2019	Driver Age	21	Driving Experience	1
Contact No.(Mobile)	87774284	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 255	Address 2	SERANGOON CENTRAL DRIVE	Address 3	SINGAPORE 550255
Address 4		Address Type	Singapore address	Post Code	550255
Unit No.	#12-60				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 OD-MD New

Claim Type *	OD-MD	Insured Name	JEREMIAH ONG RAY	Insured NRIC	
Contact No.(Mobile)	87774284	Contact No.(Home)		Contact No.(Office)	
Email Address	JERRY0168@LIVE.COM.SG	Vehicle Number	SMG7429K	TP Vehicle Number	
Claim Description	SMG7429K ON 7 Feb 2021				
Preferred Workshop		Insured Liability	Fully at Fault		
Contact No. Finalisation	Yes	Repair Option	income to assign workshop	GIA report	Received
Date Registered	09/02/2021 09:47	Claim Close Date		Date Received	
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	
☒ Print AK letter				OD Excess Collected by Workshop	

Attachment

▼

Accident No.	MT/1120500	Claim No.	001
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Claim Handling(accident reporting Claim Task 001 OD-MD)

☒ Yes ☐ No

09/02/2021 00:00

Path

Category *

Confidential

Urgency *

Choose File No file chosen

Clear

Please Select

☐ NO ☒ YES

Normal ▼

Choose File No file chosen

Clear

Please Select

☐ NO ☒ YES

Normal ▼

Choose File No file chosen

Clear

Please Select

☐ NO ☒ YES

Normal ▼

Choose File No file chosen

Clear

Please Select

☐ NO ☒ YES

Normal ▼

Choose File No file chosen

Clear

Please Select

☐ NO ☒ YES

Normal ▼

Choose File No file chosen

Clear

Please Select

☐ NO ☒ YES

Normal ▼

Message Read

Attachment List

<https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do?styp=1&saction=&odOrTp=1&isWorkshop=®Check=1&taskInstancelId=276700135...> 2/2