

Claim Handling

Accident MT/1120634

Policy No.	5119320361	Vehicle No.	SMP6833K	GST Registrati
Certificate No.				
Policyholder Name	ANG JIAN WEN			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	96208008	Contact No.(Office)		Contact No.(Ho
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

▼ Accident Details

Report Date	09/02/2021 16:03	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/02/2021	Time of Accident hh:mm	14:45	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	CTE, Singapore			

▼ 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 Cover
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 9B #21-509	Address 2	BOON TIONG ROAD	Address 3
Address 4	SINGAPORE 163009	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5119320361	

▼ OI Driver Info

Driver Name	ANG JIAN WEN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9300097H	Driver DOB
Register Date of Driver License	05/09/2019	Driver Age	28	Driving Experie
Contact No.(Mobile)	96208008	Contact No.(Office)		Contact No.(Ho
Address 1	BLK 9B #21-509	Address 2	BOON TIONG ROAD	Address 3
Address 4	SINGAPORE 163009	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

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	AN
Contact No.(Mobile)	96208008	Contact No. (Home)	62
Email Address	angjw.allen@gmail.com	OI Vehicle Number	SM
Claim Description	SMP6833K / SKN2331C ON 8 Feb 2021		
Preferred Workshop		Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	
		LIEW SHAN HUI	

☒ Print AK letter

https://gicclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do

1/2

Attachment

▼

Accident No.

MT/1120634

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

09/02/2021 16:05

Path \*

Category \*

Confider

Choose File

No file chosen

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NO

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No file chosen

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NO

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NO

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No file chosen

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NO

Message Read

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Feb 2021 16:05	SAS		Normal	5
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▼ Video List

Uploaded By/Date	Folder Date	File Name	
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