

Claim Handling

Accident MT/1115686

Policy No.	5118354658	Vehicle No.	SGS4357L	GST Registrati
Certificate No.				
Policyholder Name	S C RENTALS			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	<input checked="" 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	31/12/2020 10:18	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	29/12/2020	Time of Accident hh:mm	21:15	Country of Acc
Reporting Centre	administrator	Orange Force	No	ICM No.
Accident Location	U-TURN AT DUNEARN ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	1,500.00	
YIED OD Excess		YIED TP Excess		Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	31/12/2020 10:19:36 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	5 SOON LEE STREET	Address 2	#03-17 PIONEER POINT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5120424503	

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB
Unnamed driver Name		Driver NRIC		Driving Exper
Register Date of Driver License		Driver Age		Contact No.(H
Contact No.(Mobile)	88665203	Contact No.(Office)		Address 3
Address 1		Address 2		Post Code
Address 4		Address Type	Foreign address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

Modification History

Claim 002

New

Claim Type \*

OD-MX

Insured Name

S C

Contact No.(Mobile)

Contact No. (Home)

NII

Email Address

OI Vehicle Number

SG

Claim Description

SGS4357L / SJB339U ON 29 Dec 2020

Preferred Workshop

Insured Liability

Fully at Fault

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

10/02/2021 09:31

Claim Close Date

Report Taken By

LIEW SHAN HUI

☒ Print AK letter

Save

Submit

Attachment

Accident No.  
Last Doc. Received

MT/1115686  
☒ Yes ☐ No

Claim No.  
Upload Date

002  
10/02/2021 09:31

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Clear

Clear

Clear

Clear

Clear

Category \*

Confider

Please Select NO

Please Select NO

Please Select NO

Please Select NO

Please Select NO

Please Select NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Feb 2021 09:31	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Feb 2021 09:31	SAS		Normal	S
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Feb 2021 09:31	Photos		Normal	Ph
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Feb 2021 09:31	Photos		Normal	Ph

Video List

Uploaded By/Date	Folder Date	File Name	
		<div>Display in New Window</div>	<div>Scan and uploading</div>