

Claim Handling

Accident MT/1120789

|                     |                                                               |                     |                                                    |                 |
|---------------------|---------------------------------------------------------------|---------------------|----------------------------------------------------|-----------------|
| Policy No.          | 5091115324-03                                                 | Vehicle No.         | SLD1946B                                           | GST Registrati  |
| Certificate No.     |                                                               |                     |                                                    |                 |
| Policyholder Name   | PAK AIK HUAT                                                  |                     |                                                    | Policyholder NI |
| Product Code        | PRIVATE CAR INSURANCE                                         | Cover Type          | drivo CLASSIC                                      | Loading         |
| Contact No.(Mobile) | 98347518                                                      | Contact No.(Office) |                                                    | Contact No.(H   |
| 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      | Yes                                                           | NCD Entitlement(%)  | 50                                                 | Private Hire    |

▼ Accident Details

|                   |                      |                               |       |                |
|-------------------|----------------------|-------------------------------|-------|----------------|
| Report Date       | 10/02/2021 15:08     | Accident Report Within 24 hrs | Yes   | Accident Type  |
| Date of Accident  | 10/02/2021           | Time of Accident hh:mm        | 07:00 | Country of Acc |
| Reporting Centre  |                      | Orange Force                  |       | ICM No.        |
| Accident Location | Jln Rindu, Singapore |                               |       |                |

▼ Total Excess Applicable

|                            |              |                            |        |                 |
|----------------------------|--------------|----------------------------|--------|-----------------|
| Excess Type                | Per Accident | Windscreen Excess          | 100.00 |                 |
| OD Standard Excess         | 0.00         | 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 | 0.00         | Total TP Excess Applicable | 0.00   |                 |

▼ Benefits

|               |             |
|---------------|-------------|
| Coverage      | Sum Insured |
| Excess Waiver | 99999999.99 |

▼ GST Registered Information

|                      |    |                       |     |
|----------------------|----|-----------------------|-----|
| GST Registered       | No | GST Registration Date |     |
| GST Registration No. |    | GST Status Verified   | Yes |
| Modification History |    |                       |     |

▼ Policyholder Mailing Address

|           |                    |                       |                   |           |
|-----------|--------------------|-----------------------|-------------------|-----------|
| Address 1 | 28 JALAN LABU AYER | Address 2             | BARTLEY RISE      | Address 3 |
| Address 4 |                    | Address Type          | Singapore address | Post Code |
| Unit No.  |                    | Related Policy Number | 5091115324-03     |           |

▼ OI Driver Info

|                                         |                                                               |                     |                   |                 |
|-----------------------------------------|---------------------------------------------------------------|---------------------|-------------------|-----------------|
| Driver Name                             | PAK AIK HUAT                                                  | Driver Type         | Main Driver       |                 |
| Unnamed driver Name                     |                                                               | Driver NRIC         | S1184830C         | Driver DOB      |
| Register Date of Driver License         | 10/10/2000                                                    | Driver Age          | 65                | Driving Experie |
| Contact No.(Mobile)                     | 98347518                                                      | Contact No.(Office) |                   | Contact No.(H   |
| Address 1                               | 28 JALAN LABU AYER                                            | Address 2           | BARTLEY RISE      | Address 3       |
| Address 4                               |                                                               | 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 |
|-------------------------------------|------|-------------|---------------------------------------------------------------|

Modification History

Claim 001

New

|                                                     |                                    |                         |                                  |
|-----------------------------------------------------|------------------------------------|-------------------------|----------------------------------|
| Claim Type *                                        | OD-MX                              | Insured Name            | PAI                              |
| Contact No.(Mobile)                                 | 98347518                           | Contact No. (Home)      | 62                               |
| Email Address                                       | pakah56@yahoo.com.sg               | OI Vehicle Number       | SLI                              |
| Claim Description                                   | SLD1946B / SMQ1636R ON 10 Feb 2021 |                         |                                  |
| Preferred Workshop                                  |                                    | Insured Liability       | Not at Fault                     |
| Contact No. Finalisation                            | Yes                                | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered                                     |                                    | GIA report              | Received                         |
| Report Taken By                                     |                                    |                         |                                  |
| <input checked="" type="checkbox"/> Print AK letter |                                    |                         |                                  |
|                                                     |                                    | 10/02/2021 15:10        | Claim Close Date                 |
|                                                     |                                    | LIEW SHAN HUI           |                                  |

Save

Submit

Attachment

▼

Accident No. MT/1120789

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 10/02/2021 15:10

Path \*

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Message Read

Category \*

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Attachment List

| Attachment | Uploaded By/Date                                                                 | Category              |   | Urgency |            |
|------------|----------------------------------------------------------------------------------|-----------------------|---|---------|------------|
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>10 Feb 2021 15:10 | SAS                   |   | Normal  | S          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>10 Feb 2021 15:10 | NRIC/ Driving License | Y | Normal  | NRIC/ Driv |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>10 Feb 2021 15:10 | Photos                |   | Normal  | Ph         |
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|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>10 Feb 2021 15:10 | Photos                |   | Normal  | Ph         |

Video List

| Uploaded By/Date | Folder Date | File Name |  |
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Scan and uploading