

Claim Handling

Accident MT/1121114

Policy No.	5092796163-03	Vehicle No.	SJH7997S	GST Registration No.	
Certificate No.					
Policyholder Name	ANG YEE VOON			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	
Contact No.(Mobile)	82289268	Contact No.(Office)		Contact No.(Home)	
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	Yes	NCD Entitlement(%)	50	Private Hire	

▼ Accident Details

Report Date	16/02/2021 09:08	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	14/02/2021	Time of Accident hh:mm	16:00	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	Sentosa Gateway, 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 Covered?	
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 655 #11-82	Address 2	JALAN TENAGA	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5092796163-03		

▼ OI Driver Info

Driver Name	SUWAWEE SIANG	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	G8070619M	Driver DOB	
Register Date of Driver License	23/06/2011	Driver Age	36	Driving Experience	
Contact No.(Mobile)	91911852	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 655 #11-82	Address 2	JALAN TENAGA	Address 3	
Address 4	SINGAPORE 410655	Address Type	Singapore address	Post Code	
Unit No.	11-82				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp	

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	ANG YEE
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SJH7997S
Claim Description	SJH7997S / SMA7746B ON 14 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
		16/02/2021 09:10	Claim Close Date

☒ Print AK letter

Save

Submit

Attachment

▼

Accident No. MT/1121114

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 16/02/2021 09:11

Path *

Category * Confidential

Choose File No file chosen

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Message Read

Clear

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NO

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Feb 2021 09:11	NRIC/ Driving License	Y	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Feb 2021 09:11	SAS		Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Feb 2021 09:11	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Feb 2021 09:11	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Feb 2021 09:10	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Feb 2021 09:10	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Feb 2021 09:10	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Feb 2021 09:10	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Feb 2021 09:10	Photos		Normal	Photos 2

Video List

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