

Claim Handling

Accident MT/1121223

Policy No.	5100201362-02	Vehicle No.	SGG2210C	GST Registration No.	
Certificate No.					
Policyholder Name	VEERASENAN S/O ANAIKATTI			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	
Contact No.(Mobile)	90250584	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(%)	40	Private Hire	
▼ Accident Details					
Report Date	16/02/2021 16:38	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	15/02/2021	Time of Accident hh:mm	17:50	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT CHERMIN ROAD				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	2000.00	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					
▼ Policyholder Mailing Address					
Address 1	BLK 446 #06-1623	Address 2	HOUGANG AVENUE 8	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	06-1623	Related Policy Number	5100201362-02		
▼ OI Driver Info					
Driver Name	Veerasenan S/O Anaikatti	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1804309B	Driver DOB	
Register Date of Driver License	25/05/1985	Driver Age	53	Driving Experience	
Contact No.(Mobile)	90250584	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 446 #06-1623	Address 2	HOUGANG AVENUE 8	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	06-1623				
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 checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					
Claim 001 New					
Claim Type *	OD-MX			Insured Name	VEERASE
Contact No.(Mobile)	90250584			Contact No. (Home)	6241568
Email Address				OI Vehicle Number	SGG2210
Claim Description	SGG2210C / SGX7087U ON 15 Feb 2021				
Preferred Workshop		Insured Liability	Not at Fault		
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	16/02/2021 16:41			Claim Close Date	

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Attachment

▼

Accident No. MT/1121223

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 16/02/2021 16:42

Path *

Category *

Confidential

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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 16:42	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Feb 2021 16:42	Photos		Normal	Photos 2
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Feb 2021 16:41	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Feb 2021 16:41	Photos		Normal	Photos 2
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Feb 2021 16:41	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Feb 2021 16:41	SAS		Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Feb 2021 16:41	NRIC/ Driving License	Y	Normal	NRIC/ Driving Li

Video List

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