Claim Handling

Controller Controller	Accident M1/1121423										
Mary Note Mary	Policy No.	5112385284-01	Vehicle No.	SGA9987E		G	SST Regis	tration No.			
Marcel M	Certificate No.										
Comman C	Policyholder Name	PAUL HOE BATTERIES & MOTOR SERVICES				P	olicyholde	er NRIC		528326	52W
Martin	Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party		L	.oading			0	
March Marc	Contact No.(Mobile)	NA	Contact No.(Office)			C	Contact No	o.(Home)			
March Marc	Email Address		Special Remark			e	:Code			No 🗸	
Marche	KFK	No	TCA	No		e	Code Rea	son			
Marche	NCD Protection	No	NCD Entitlement(%)	20		Р	rivate Hir	e		Not avai	lable
Part			,								
The or Accorded 19,000,000 The orange		10/02/2021 00-50	Assidant Papart Within 24 hrs	Voc		^	Accident T	ivno		Sido Swi	ino
Receive Code											
March Process March Proces		17/02/2021		12:55				Accident		Singapo	re
Protection Pro	· -		Orange Force			10	CM NO.				
December Park Action Park Action Park December De		TOA PAYOH OPEN CARPARK BARRIER									
00 Serviced Doces	▼ Total Excess Applicable										
NEAD OF Discret 1000 100	Excess Type	Per Accident	Windscreen Excess		0.00						
NEAD OF Discret 1000 100	OD Chardend F	0.00	TD Chandend France		0.00						
Marchania Marc		0.00			0.00	_					
Table Tabl			YIED TP Excess			D	Oriver is C	overed?		Not Appl	licable
Set Penglateria Information 100		0.00									
Registered Information 10	Total OD Excess Applicable	0.00	Total TP Excess Applicable		0.00						
SST Registered No	▼ Benefits										
SST Rejach Normalized SST Status Verified from file to Normalized SST Status Verified from file to Normalized SST Status Verified from file to Normalized SST Status Verified from file to Normalized SST Status Verified from file to Normalized SST Status Verified from file to Normalized SST Status Verified from file to Normalized SST Status Verified from file to Normalized SST Status Verified from file to Normalized SST Status Verified from file to Normalized SST Status Verified from file to Normalized SST Status Verified from file to Normalized SST Status Verified from file to Normalized SST Status Verified from file to Normalized SST Status Verified from file to Normalized SST Status Verified from file to Normalized SST Status Verified from file to Normalized SST Status Verified from file to Normalized SST Status Verified SST SST Status Verified SST SST SST STATUS SST SST SST SST SST SST SST SST SST	GST Registered Informat	tion									
### ### ### ### ### ### ### ### ### ##	GST Registered	No		GST Regis	tration Date						
## PRICORD Markers 1	GST Registration No.			GST Statu	s Verified			Yes			
Address 1 KAN BURTT AVENUE 6 Address 2 #01-109 AUTORAY © KANT BUP Address 3 SINGARORE Address 4 17863 SINGARORE Address 5 Past Cade 417863 SINGARORE ADDRESS 5 Past Cade 417863 SINGARORE ADDRESS 5 Past Cade 417863 SINGARORE ADDRESS 5 SINGARORE ADDRESS 5	Modification History	18/02/2021 10:00:04 Sys	stem changed GST Status Verified from No	to Yes							
Address 1 KAN BURTT AVENUE 6 Address 2 #01-109 AUTORAY © KANT BUP Address 3 SINGARORE Address 4 17863 SINGARORE Address 5 Past Cade 417863 SINGARORE ADDRESS 5 Past Cade 417863 SINGARORE ADDRESS 5 Past Cade 417863 SINGARORE ADDRESS 5 SINGARORE ADDRESS 5											
Address 4 Address yes Singapore address Port Code 417863 Unit to 10 to 1	▼ Policyholder Mailing Add	ress									
Relabed Policy Number ***O ID Priver Tyre** ***Driver Tyre** ***Driver Tyre** ***Driver Name** ***Driver Name** ***Driver Name** ***Driver Age	Address 1	1 KAKI BUKIT AVENUE 6	Address 2	#01-109 AUTOBAY	∕ @ KAKI BUŀ	Α	Address 3			SINGAP	ORE 4178
### Office Info Oriver NIBC	Address 4		Address Type	Singapore address		P	ost Code			417883	
Driver Name Unmaned driver Name Driver RATE Driver RATE Contact Ro (Mobile) Contact Ro	Unit No.		Related Policy Number	5115608275-01							
Unamend defined families Register Date of Driver Licese Driver ABIC Contact No. (Office) Address 1 Address 2 Address 3 Address 3 Address 3 Address 7 Posely address Driver Abic Contact No. (No. (No. (No. (No. (No. (No. (No.	▼ OI Driver Info										
Unamend defined families Register Date of Driver Licese Driver ABIC Contact No. (Office) Address 1 Address 2 Address 3 Address 3 Address 3 Address 7 Posely address Driver Abic Contact No. (No. (No. (No. (No. (No. (No. (No.	Driver Name		Driver Type								
Driver Age Contact No, (Mobile) Contact No, (Office) Contact No, (Office) Contact No, (Office) Contact No, (Office) Address 2 Address 3 Address 3 Address 3 Address 4 Address 5 Address 7 Address 8 Address 9 Post Code Registered and? Ves No Driver Vehicle No. Driver Insurer Company Colin 002 OD-MX Name Contact No, (Mobile) Ensil Address 2 Address 3 Address 4 Address 3 Address 4 Name Name Name Name Name Name Name Name	Unnamed driver Name					D	Driver DO	3			
Contact No. (Mobile) Contact No. (Mobile) Contact No. (Mobile) Contact No. (Mobile) Address 3 Address 3 Address 3 Address 3 Address 3 Address 5 Protegin address Protegin addre											
Address 1 Address 2 Address 7 Addres											
Address 4 Address Type Foreign address Post Code Unit No. Driver Vehicle No. Driver Insurer Company Paul Hot BATTERIES & MOTTO! Insurer Company Compact No. (No. (Home) Grade No. (Home) Driver Insurer Company Paul Hot BATTERIES & MOTTO! Insurer Company Compact No. (No. (Home) Driver Insurer Company Paul Hot BATTERIES & MOTTO! Insurer Company Compact No. (No. (Home) Driver Insurer Company Paul Hot BATTERIES & MOTTO! Insurer Company Compact No. (No. (Home) Driver Insurer Company Paul Hot BATTERIES & MOTTO! Insurer Company No. (No. (Home) Driver Insurer Company Driver								o.(Home)			
Unit No. Driver Insurer Company Ves No Driver Vehicle No. Driver Insurer Company Ves No Driver Vehicle No. Driver Insurer Company Ves No Driver Vehicle No. Driver Vehicle No. Driver Insurer Company Ves No Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Insurer Company Ves No Driver Insurer Company No No No Driver Insurer Company No No No Driver Insurer Company No No No Driver Insurer Company No No Driver Insurer Company No No Driver Insurer Company No Driver Insurer Company											
Does the good a Singapore Registered ca?? Ves No Driver Vehicle No. Driver Insurer Company Todalication History Claim 002 OD-HX Next Claim 002 OD-HX Next Contact No. (Mobile) Geaz35068 No. (Mornia) No. (Mobile) Femail Address Claim Description Perferred Workshop Perferred Workshop Perferred Workshop Perferred Workshop Perferred Workshop, Name unknown V seport Received Perferred Workshop, Name unknown V seport Received Perferred Workshop, Name unknown V seport Received Attachment Save Submit Attachment Path * Category * Confidential Urgency			Address Type	Foreign address		Р	ost Code				
Registered car? Claim 002 OD-MX New											
Claim Type * Contact No. (Mobile) Email Address Contact No. (Mobile) Email Address Contact No. (Mobile) Email Address Contact No. (Mobile) SGA9987E Veh Number Number Number Nam SGA9987E Veh Number Nam SGA9987E Veh Number Nam SGA9987E Veh Number Nam Nam Nam SGA9987E Veh Number Nam Nam Nam SGA9987E Veh Number Nam Nam Nam Nam Nam Nam Nam Na	Registered car?	Yes No	Driver Vehicle No.			D	Driver Insi	urer Compa	ny		
Claim Type * Contact No. (Mobile) Email Address Contact No. (Mobile) Email Address Contact No. (Mobile) Email Address Contact No. (Mobile) SGA9987E Veh Number Number Number Nam SGA9987E Veh Number Nam SGA9987E Veh Number Nam SGA9987E Veh Number Nam Nam Nam SGA9987E Veh Number Nam Nam Nam SGA9987E Veh Number Nam Nam Nam Nam Nam Nam Nam Na	Modification History										
Claim Type * Contact No. (Mobile) Grade No. (Mobile) Grade Contact No. (Mobile) Grade Contact No. (Mobile) Grade Contact No. (Mobile) Grade Contact No. (Mobile) Grade No. (Mobile) Grade Contact No. (Mobile) Grade Contact No. (Mobile) Grade No. (Mobile) Grade No. (Mobile) Grade No. (Mobile) Grade Contact No. (Mobile) Grade Contact No. (Mobile) Grade No. (Mobile) Grade Contact No. (Mobile) Grade No. (Mob	Production History										
Contact No. (Mobile) Contact No. (Mobile) Contact No. (Mobile) Email Address Claim Description Freferred Workshop Preferred Workshop Preferred Workshop Preferred Workshop, Name unknown V GIA Received Report Taken By ROSLINDA Morkshop Repairer Frind 184 Claim Report Taken By Claim No. (Ordinated Liability Not at Fault V report Received V report V rep	Claim 002 OD-MX New										
Contact No. (Mobile) Contact No. (Mobile) Contact No. (Mobile) Email Address Claim Description Freferred Workshop Preferred Workshop Preferred Workshop Preferred Workshop, Name unknown V GIA Received Report Taken By ROSLINDA Morkshop Repairer Frind 184 Claim Report Taken By Claim No. (Ordinated Liability Not at Fault V report Received V report V rep											
Contact No. (Mobile) Email Address Claim Description Claim Description Perferred Workshop Benquer No	Claim Type *				OD-MX	~ I N	Insured Name	PAUL HOE	BATTERIES	& MOTOF	Insured NRIC
Email Address Claim Description Claim Description Preferred Workshop Preferred Workshop Preferred Workshop Option Date Registered Print AK letter Actident No. MT/1121423 Actident No. MT/1121423 Claim No. Category Category Category Category Category Category Category Category Confidential Category Confidential Category Confidential Category Confidential Confidential Category Categor	Contact No (Mobile)				06335060		Contact				Contact
Email Address Vehicle Number Sca9987E Veh Number	Contact No.(Mobile)				96235068						(Office)
Claim Description SGA9987E / CB6343A ON 17 Feb 2021 Preferred Workshop Name unknown Preport Name unknown Name unknown Preport Name unknown Name unknown Name unknown Preport Name unknown Name unknown	Email Addross							CCA0007			TP Vehicle
Claim Description SGA9987E / CB6343A ON 17 Feb 2021 Perferred Workshop Perferred Works	Lillali Address							3GA9967			Number
Preferred Workshop Breferred Workshop, Name unknown V GIA Report Taken By Save Submit	Claim Description				SGA9987F / CB6343A (N 17 Feb	2021				Name of Preferred
Workshop Benefitered Use Insured Use Insur					56/15/6/27 6565/15/10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LULI				Worksho
Repetred Workshop, Name unknown very Repair Option Date Registered Report Taken By Print AK letter Report Taken By Received Preferred Workshop, Name unknown very Repair Received Received Received very Received very Received very Received very Report Received very Received v	Workshop	Insured Liability Not at Fa	ault 🗸								
Date Registered Date Report Taken By ROSLINDA ROSLINDA ROSLINDA ROSLINDA ROSLINDA ROSLINDA ROSLINDA ROSLINDA REpairer Report Taken By Claim No. Claim No. Last Doc. Received Path * Category * Confidential Urgency *	Rentakt No. Voc	Repair Preferred Workshop,	Name unknown GIA Received	· •			.				
Report Taken By ROSLINDA ROSLINDA ROSLINDA ROSLINDA Repairer Rep Attachment Attachment Accident No. Last Doc. Received Path * Category * Confidential Urgency *	Date Registered	Option	Tepore -		18/02/2021 18:48						Date Received
Report Taken By ROSLINDA ROSLINDA Repairer Rep Print AK letter Save Submit Attachment Accident No. Last Doc. Received Path * Category * Confidential Urgency *							Date				
Attachment Accident No. Last Doc. Received Path * Category * Confidential Urgency *	Report Taken By				ROSLINDA	V	Workshop				Total Los but
Attachment Accident No. MT/1121423 Claim No. 002 Last Doc. Received							Серинен				Repaired
Attachment Accident No. MT/1121423 Claim No. 002 Last Doc. Received											
Attachment Accident No. MT/1121423 Claim No. 002 Last Doc. Received Path * Category * Confidential Urgency *	Print AK letter										
Attachment Accident No. MT/1121423 Claim No. 002 Last Doc. Received Path * Category * Confidential Urgency *											
Accident No. MT/1121423 Claim No. 002 Last Doc. Received				Save Submit							
Accident No. MT/1121423 Claim No. 002 Last Doc. Received											
Accident No. MT/1121423 Claim No. 002 Last Doc. Received	Attachment										
Accident No. MT/1121423 Claim No. 002 Last Doc. Received											
Last Doc. Received Yes No Upload Date 18/02/2021 00:00 Path * Category * Confidential Urgency *											
Path * Category * Confidential Urgency *	Accident No.										
	Last Doc. Received	○ Yes ○ No	Upload Date		18/02/2021 00:00						
Change File No file chasen		Path *			Category *		Con	fidential	Urgenc	y *	
Clear Mease Select	Choose File No file chosen			Clear	Please Select	~	NO	~	Normal	~	

Claim Handling(Claim Task 002 OD-MX)



	,						
Clear	Please Select	~	NO	~	Normal	~	
Clear	Please Select	~	NO	~	Normal	~	
Clear	Please Select	~	NO	~	Normal	~	
Clear	Please Select	~	NO	~	Normal	~	
Clear	Please Select	~	NO	~	Normal	~	

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
e va	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES 18 Feb 2021 18:48	S) on NRIC/ Driving License	Υ	Normal	NRIC/ Driving License 2021-2-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES 18 Feb 2021 18:48	S) on SAS		Normal	SAS 2021-2-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES 18 Feb 2021 18:48	S) on Photos		Normal	Photos 2021-2-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES 18 Feb 2021 18:48	S) on Photos		Normal	Photos 2021-2-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES 18 Feb 2021 18:48	S) on Photos		Normal	Photos 2021-2-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES 18 Feb 2021 18:47	S) on Photos		Normal	Photos 2021-2-18
Co	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES 18 Feb 2021 18:47	S) on Photos		Normal	Photos 2021-2-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES 18 Feb 2021 18:47	S) on Photos		Normal	Photos 2021-2-18
Co	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES 18 Feb 2021 18:47	S) on Photos		Normal	Photos 2021-2-18
The state of the s	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES 18 Feb 2021 18:47	S) on Photos		Normal	Photos 2021-2-18
-	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES 18 Feb 2021 18:47	S) on Photos		Normal	Photos 2021-2-18
	Uploaded By/Date Folder Date		File Name		Source

Display in New Window Scan and uploading