

Claim Handling

Accident MT/1121607

Policy No.	5117834362	Vehicle No.	SJE1667A	GST Registration No.	
Certificate No.					
Policyholder Name	SAHRIL B ABU BAKAR			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	
Contact No.(Mobile)	NA	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	19/02/2021 12:43	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	18/02/2021	Time of Accident hh:mm	16:40	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE CITY BRADDELL EXIT JUNCTION TO BRADDELL RD				

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		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 156 #02-697	Address 2	WOODLANDS STREET 13	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	02-697	Related Policy Number	5117834362		

▼ **OI Driver Info**

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign 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 Comp:	

Modification History

Modification History	
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Claim 002 **New**

Claim Type *	OD-MX	Insured Name	SAHRIL E
Contact No.(Mobile)		Contact No. (Home)	6312341
Email Address		OI Vehicle Number	SJE1667A
Claim Description	SJE1667A / SLK3287U ON 18 Feb 2021		
Preferred Workshop		Insured Liability	Not at Fault
Benefit No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	19/02/2021 16:47
<input checked="" type="checkbox"/> Print AK letter			HUI ZHEN

Save Submit

Attachment

Accident No. MT/1121607 Claim No. 002
Last Doc. Received Yes No Upload Date 19/02/2021 16:47

Form with fields for Path, Category, and Confidentiality, including 'Choose File' buttons and 'Clear' buttons.

Attachment List

Table with columns: Attachment, Uploaded By/Date, Category, Urgency, Descr. Contains 10 rows of photo attachments and 2 rows of document attachments.

Video List

Table with columns: Uploaded By/Date, Folder Date, File Name. Includes a key icon in the File Name column.

Display in New Window Scan and uploading