

Claim Handling

Accident MT/1121782

Policy No.	<input type="text" value="5113096375-01"/>	Vehicle No.	<input type="text" value="GBA1111C"/>	GST Registration No.	
Certificate No.	<input type="text" value="5113096375-01-000005"/>				
Policyholder Name	<input type="text" value="GUAN SING EGGS"/>			Policyholder NRIC	
Product Code	<input type="text" value="FLEET MASTER INSURANCE"/>	Cover Type	<input type="text" value="Comprehensive"/>	Loading	
Contact No.(Mobile)	<input type="text" value="69701691"/>	Contact No.(Office)	<input type="text"/>	Contact No.(Home)	
Email Address	<input type="text"/>	Special Remark		eCode	
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	<input type="text" value="No"/>	NCD Entitlement(%)	<input type="text" value="0"/>	Private Hire	

▼ **Accident Details**

Report Date	<input type="text" value="22/02/2021 09:01"/>	Accident Report Within 24 hrs	<input checked="" type="radio"/> Yes	Accident Type	
Date of Accident	<input type="text" value="19/02/2021"/>	Time of Accident hh:mm	<input type="text" value="09:00"/>	Country of Accident	
Reporting Centre	<input type="text"/>	Orange Force		ICM No.	
Accident Location	<input type="text" value="THOMSON ROAD, ENTRANCE OF CARPARK"/>				

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	<input type="text" value="100.00"/>	
OD Standard Excess	<input type="text" value="600.00"/>	TP Standard Excess	<input type="text" value="0.00"/>	
YIED OD Excess	<input type="text" value="0.00"/>	YIED TP Excess	<input type="text" value="0.00"/>	Driver is Covered?
Additional Excess	<input type="text"/>			
Total OD Excess Applicable	<input type="text" value="600.00"/>	Total TP Excess Applicable	<input type="text" value="0.00"/>	

▼ **Benefits**

▼ **GST Registered Information**

GST Registered	<input checked="" type="radio"/> Yes	GST Registration Date	<input type="text" value="25/03/200"/>
GST Registration No.	<input type="text" value="199608904K"/>	GST Status Verified	<input checked="" type="radio"/> Yes
Modification History	<input type="text"/>		

▼ **Policyholder Mailing Address**

Address 1	<input type="text" value="1 LIM CHU KANG LANE 9A"/>	Address 2	<input type="text" value="SINGAPORE 718845"/>	Address 3	
Address 4	<input type="text"/>	Address Type	<input type="text" value="Singapore address"/>	Post Code	
Unit No.	<input type="text"/>	Related Policy Number	<input type="text" value="5113096375-01"/>		

▼ **OI Driver Info**

Driver Name	<input type="text" value="Unnamed Driver"/>	Driver Type	<input type="text" value="Unnamed Driver"/>	
Unnamed driver Name	<input type="text" value="WANG ZIFENG"/>	Driver NRIC	<input type="text" value="G7923418X"/>	Driver DOB
Register Date of Driver License	<input type="text" value="12/12/2016"/>	Driver Age	<input type="text" value="34"/>	Driving Experience
Contact No.(Mobile)	<input type="text" value="94655410"/>	Contact No.(Office)	<input type="text"/>	Contact No.(Home)
Address 1	<input type="text" value="BLK 157 #12-573"/>	Address 2	<input type="text" value="BEDOK SOUTH AVENUE 3"/>	Address 3
Address 4	<input type="text"/>	Address Type	<input type="text" value="Singapore address"/>	Post Code
Unit No.	<input type="text" value="12-573"/>			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	<input type="text"/>	Driver Insurer Comp:

Declaration

Breathalyser or Blood Test Reading?	<input type="text" value="0 mg"/>	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	<input type="text" value="OD-MX"/>	Insured Name	<input type="text" value="GUAN SII"/>
Contact No.(Mobile)	<input type="text"/>	Contact No. (Home)	<input type="text"/>
Email Address	<input type="text"/>	OI Vehicle Number	<input type="text" value="GBA1111"/>
Claim Description	<input type="text" value="GBA1111C / SGR5174X ON 19 Feb 2021"/>		
Preferred Workshop	<input type="text"/>	Insured Liability	<input type="text" value="Fully at Fault"/>
Contact No. Finalisation	<input type="text" value="Yes"/>	Preferred Repair Option	<input type="text" value="Preferred Workshop, Name unknown"/>
Date Registered	<input type="text" value="22/02/2021 09:04"/>	GIA report	<input type="text" value="Received"/>
		Claim Close Date	<input type="text"/>

Report Taken By

HUI ZHEN

Print AK letter












Save Submit

Attachment

Accident No. Claim No.
 Last Doc. Received Yes No Upload Date

Path *		Category *		Confidential
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Message Read"/>				

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Feb 2021 09:05	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Feb 2021 09:05	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Feb 2021 09:05	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Feb 2021 09:05	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Feb 2021 09:04	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Feb 2021 09:04	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Feb 2021 09:04	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Feb 2021 09:04	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Feb 2021 09:04	SAS		Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Feb 2021 09:04	NRIC/ Driving License	Y	Normal	NRIC/ Driving Li

Video List

Uploaded By/Date	Folder Date	File Name	
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