

Claim Handling

Accident MT/1121783

Policy No.	5120723127	Vehicle No.	SMH2385E	GST Registration No.
Certificate No.				
Policyholder Name	LEE WEE CHONG (LU WEI ZHANG)			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	87502123	Contact No.(Office)		Contact No.(Home)
Email Address		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	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	22/02/2021 09:22	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	19/02/2021	Time of Accident hh:mm	07:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	TOH GUAN ROAD			

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 785A #11-124	Address 2	WOODLANDS RISE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	11-124	Related Policy Number	5120723127	

OI Driver Info

Driver Name	LEE WEE CHONG (LU WEI ZHANG)	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8208137B	Driver DOB
Register Date of Driver License	07/12/2017	Driver Age	38	Driving Experience
Contact No.(Mobile)	87502123	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 785A #11-124	Address 2	WOODLANDS RISE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	11-124			
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
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	LEE WEE
Contact No.(Mobile)	90707288	Contact No. (Home)	
Email Address		OI Vehicle Number	SMH2385
Claim Description	SMH2385E / SMT7934A ON 19 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
			22/02/2021 09:24
		Claim Close Date	

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Save

Submit

Attachment

▼

Accident No. MT/1121783

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 22/02/2021 09:24

Path *

Category *

Confidential

Choose File

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No file chosen

Choose File

No file chosen

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No file chosen

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No file chosen

Message Read

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▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Feb 2021 09:24	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Feb 2021 09:24	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Feb 2021 09:24	Photos		Normal	Photos 2
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Feb 2021 09:24	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Feb 2021 09:24	SAS		Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Feb 2021 09:24	NRIC/ Driving License	Y	Normal	NRIC/ Driving Li

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Uploaded By/Date	Folder Date	File Name	
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