

Claim Handling

Accident MT/1121899

Policy No.	5118402542	Vehicle No.	SMU1510Z	GST Registration No.
Certificate No.				
Policyholder Name	SOH CHARLES			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	90222667	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	22/02/2021 17:07	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	20/02/2021	Time of Accident hh:mm	17:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	Pasir Ris Dr 8, Singapore			

▼ 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	141B LOYANG BESAR CLOSE	Address 2	WATERCREST	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5118402542	

▼ OI Driver Info

Driver Name	SOH CHARLES	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1427491Z	Driver DOB
Register Date of Driver License	13/08/1981	Driver Age	61	Driving Experience
Contact No.(Mobile)	90222667	Contact No.(Office)		Contact No.(Home)
Address 1	141B LOYANG BESAR CLOSE	Address 2	WATERCREST	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Comp

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	☒ Yes ☐ No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	SOH CHA
Contact No.(Mobile)	90222667	Contact No. (Home)	6582196
Email Address	sales@flexcom.sg	OI Vehicle Number	SMU1510
Claim Description	SMU1510Z / SMK7834C ON 20 Feb 2021		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	22/02/2021 17:13	GIA report	Received
		Claim Close Date	

☒ Print AK letter

Save

Submit

Attachment

▼

Accident No.

MT/1121899

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

22/02/2021 17:14

Path *

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Message Read

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Category *

Confidential

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NO

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NO

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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 17:14	SAS		Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Feb 2021 17:14	NRIC/ Driving License	Y	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Feb 2021 17:14	Photos		Normal	Photos 2
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Feb 2021 17:13	Photos		Normal	Photos 2

Video List

Uploaded By/Date	Folder Date	File Name	
		Display in New Window	Scan and uploading