

Claim Handling

Accident MT/1121983

Policy No.	5110923222-01	Vehicle No.	SLV4001M	GST Registration No.	
Certificate No.	5110923222-01-000029				
Policyholder Name	BENEFIT AUTO			Policyholder NRIC	53121670E
Product Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	88944489	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
▼ Accident Details					
Report Date	23/02/2021 09:53	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	21/02/2021	Time of Accident hh:mm	14:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 287 CCK AVE 3 OSCP LOT NO 262				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
▼ Policyholder Mailing Address					
Address 1	2 SIMS CLOSE	Address 2	#01-08 GEMINI @ SIMS	Address 3	SINGAPORE 387298
Address 4		Address Type	Singapore address	Post Code	387298
Unit No.		Related Policy Number	5095864980-03		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	GOH HWEE MENG	Driver NRIC	S1756785C	Driver DOB	27/05/1966
Register Date of Driver License	22/01/2007	Driver Age	54	Driving Experience	14
Contact No.(Mobile)	90059994	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 284	Address 2	CHOA CHU KANG AVENUE 3	Address 3	SINGAPORE 680284
Address 4		Address Type	Singapore address	Post Code	680284
Unit No.	#14-330				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ☒ No		
Modification History					

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	BENEFIT AUTO	Insured NRIC	
Contact No.(Mobile)	94247885	Contact No. (Home)		Contact No. (Office)	
Email Address	JOBENEFITAUTO@GMAIL.COM	OI Vehicle Number	SLV4001M	TP Vehicle Number	
Claim Description	SLV4001M / SLM3801A ON 21 Feb 2021			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	23/02/2021 10:05	Claim Close Date		Date Received	
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	
☒ Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1121983	Claim No.	001
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Last Doc. Received

☒ Yes

☐ No

Upload Date

23/02/2021 00:00

Path *

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Message Read

Category *

Confidential

Urgency *

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2021 10:05	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-2-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2021 10:05	SAS		Normal	SAS 2021-2-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2021 10:05	Photos		Normal	Photos 2021-2-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2021 10:04	Photos		Normal	Photos 2021-2-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2021 10:04	Photos		Normal	Photos 2021-2-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2021 10:04	Photos		Normal	Photos 2021-2-23
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2021 10:04	Photos		Normal	Photos 2021-2-23

Video List

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