

Claim Handling

Accident MT/1122521

Policy No.	5116408895	Vehicle No.	SMH7584P	GST Registration No.	
Certificate No.					
Policyholder Name	KOH WEN CONG			Policyholder NRIC	S90
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	91088493	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
▼ Accident Details					
Report Date	26/02/2021 17:46	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	25/02/2021	Time of Accident hh:mm	13:05	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	Lor 2 Toa Payoh, 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?	Cove
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	39 CHOA CHU KANG LOOP	Address 2	#04-08 THE WARREN	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	689
Unit No.		Related Policy Number	5116408895-01		
▼ OI Driver Info					
Driver Name	KOH WEN CONG (XU WENCONG)	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9032218D	Driver DOB	03/1
Register Date of Driver License	13/05/2010	Driver Age	30	Driving Experience	10
Contact No.(Mobile)	91088493	Contact No.(Office)		Contact No.(Home)	
Address 1	39 CHOA CHU KANG LOOP	Address 2	#04-08 THE WARREN	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	689
Unit No.					
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 New					
Claim Type *	OD-MX	Insured Name	KOH WEN CONG	Insured NRIC	S90
Contact No.(Mobile)	91088493	Contact No.(Home)	64621368	Contact No.(Office)	
Email Address	kohwencong@gmail.com	OI Vehicle Number	SMH7584P	TP Vehicle Number	SLS
Claim Description	SMH7584P / SLS2629G ON 25 Feb 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	26/02/2021 17:48	Claim Close Date		Date Received	26/1
Report Taken By	SHAN HUI				
☒ Print AK letter					

Save

Submit

Attachment

Accident No. MT/1122521

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 26/02/2021 17:49

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Feb 2021 17:49	SAS		Normal	SAS 2021-2-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Feb 2021 17:49	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-2-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Feb 2021 17:49	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-2-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Feb 2021 17:49	Photos		Normal	Photos 2021-2-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Feb 2021 17:49	Photos		Normal	Photos 2021-2-26
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Feb 2021 17:48	Photos		Normal	Photos 2021-2-26

Video List

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