

Claim Handling

Accident MT/1122847

Policy No.	<input type="text" value="5115501995-01"/>	Vehicle No.	<input type="text" value="SMR8433H"/>	GST Registration No.	<input type="text"/>
Certificate No.	<input type="text"/>				
Policyholder Name	<input type="text" value="NEO SHUI JIN, JIMSON (LIANG SHUIJIN, JIMSON)"/>			Policyholder NRIC	<input type="text" value="S84"/>
Product Code	<input type="text" value="PRIVATE CAR INSURANCE"/>	Cover Type	<input type="text" value="drivo CLASSIC"/>	Loading	<input type="text" value="0"/>
Contact No.(Mobile)	<input type="text" value="91067717"/>	Contact No.(Office)	<input type="text"/>	Contact No.(Home)	<input type="text"/>
Email Address	<input type="text"/>	Special Remark		eCode	<input type="text" value="No"/>
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	<input type="text"/>
NCD Protection	<input type="text" value="No"/>	NCD Entitlement(%)	<input type="text" value="50"/>	Private Hire	<input type="text" value="No"/>

▼ **Accident Details**

Report Date	<input type="text" value="02/03/2021 09:07"/>	Accident Report Within 24 hrs	<input type="text" value="Yes"/>	Accident Type	<input type="text" value="Colli"/>
Date of Accident	<input type="text" value="28/02/2021"/>	Time of Accident hh:mm	<input type="text" value="13:20"/>	Country of Accident	<input type="text" value="Sing"/>
Reporting Centre	<input type="text"/>	Orange Force		ICM No.	<input type="text"/>
Accident Location	<input type="text" value="Buangkok Dr, Singapore"/>				

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	<input type="text" value="100.00"/>		
OD Standard Excess	<input type="text" value="2,000.00"/>	TP Standard Excess	<input type="text" value="1,500.00"/>		
YIED OD Excess	<input type="text" value="0.00"/>	YIED TP Excess	<input type="text" value="0.00"/>	Driver is Covered?	<input type="text" value="Cove"/>
Additional Excess	<input type="text" value="0"/>				
Total OD Excess Applicable	<input type="text" value="2000.00"/>	Total TP Excess Applicable	<input type="text" value="1,500.00"/>		

▼ **Benefits**

▼ **GST Registered Information**

GST Registered	<input type="text" value="No"/>	GST Registration Date	<input type="text"/>
GST Registration No.	<input type="text"/>	GST Status Verified	<input type="text" value="Yes"/>
Modification History	<input type="text"/>		

▼ **Policyholder Mailing Address**

Address 1	<input type="text" value="BLK 416C #09-72"/>	Address 2	<input type="text" value="FERNVALE LINK"/>	Address 3	<input type="text" value="SIN"/>
Address 4	<input type="text"/>	Address Type	<input type="text" value="Singapore address"/>	Post Code	<input type="text" value="793"/>
Unit No.	<input type="text"/>	Related Policy Number	<input type="text" value="5115501995-01"/>		

▼ **OI Driver Info**

Driver Name	<input type="text" value="NEO SHUI JIN, JIMSON (LIANG SHUIJIN, JIMSON)"/>	Driver Type	<input type="text" value="Main Driver"/>			
Unnamed driver Name	<input type="text"/>	Driver NRIC	<input type="text" value="S8420238Z"/>	Driver DOB	<input type="text" value="06/1"/>	
Register Date of Driver License	<input type="text" value="10/04/2007"/>	Driver Age	<input type="text" value="36"/>	Driving Experience	<input type="text" value="13"/>	
Contact No.(Mobile)	<input type="text" value="91067717"/>	Contact No.(Office)	<input type="text"/>	Contact No.(Home)	<input type="text"/>	
Address 1	<input type="text" value="BLK 416C #09-72"/>	Address 2	<input type="text" value="FERNVALE LINK"/>	Address 3	<input type="text" value="SIN"/>	
Address 4	<input type="text"/>	Address Type	<input type="text" value="Singapore address"/>	Post Code	<input type="text" value="793"/>	
Unit No.	<input type="text"/>					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No		Driver Vehicle No.	<input type="text"/>	Driver Insurer Company	<input type="text"/>

Declaration

Breathalyser or Blood Test Reading?	<input type="text" value="0 mg"/>	Any injury?	<input checked="" type="radio"/> Yes <input 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="NEO SHUI JIN, JIMSON (LIANG"/>	Insured NRIC	<input type="text" value="S84"/>
Contact No.(Mobile)	<input type="text" value="91067717"/>	Contact No.(Home)	<input type="text" value="NIL"/>	Contact No.(Office)	<input type="text"/>
Email Address	<input type="text" value="jimson84@gmail.com"/>	OI Vehicle Number	<input type="text" value="SMR8433H"/>	TP Vehicle Number	<input type="text" value="SGZ"/>
Claim Description	<input type="text" value="SMR8433H / SGZ558M ON 28 Feb 2021"/>			Name of Preferred Workshop	<input type="text"/>
Preferred Workshop Contact No.	<input type="text"/>	Insured Liability *	<input type="text" value="Not at Fault"/>		
Require Finalisation	<input type="text" value="Yes"/>	Preferred Repair Option	<input type="text" value="Preferred Workshop, Name unknown"/>		
Date Registered	<input type="text" value="02/03/2021 09:09"/>	Claim Close Date	<input type="text"/>	GIA report	<input type="text" value="Rec"/>
Report Taken By	<input type="text" value="SHAN HUI"/>			Date Received	<input type="text" value="02/0"/>

Print AK letter

Save Submit

Attachment

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

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

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2021 09:10	SAS		Normal	SAS 2021-3-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2021 09:10	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2021 09:10	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2021 09:10	Photos		Normal	Photos 2021-3-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2021 09:10	Photos		Normal	Photos 2021-3-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2021 09:09	Photos		Normal	Photos 2021-3-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2021 09:09	Photos		Normal	Photos 2021-3-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2021 09:09	Photos		Normal	Photos 2021-3-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2021 09:09	Photos		Normal	Photos 2021-3-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2021 09:09	Photos		Normal	Photos 2021-3-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2021 09:09	Photos		Normal	Photos 2021-3-2

Video List

Uploaded By/Date	Folder Date	File Name		Source
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