

Claim Handling

Accident MT/1123089

| | | | | | |
|---------------------|--|---------------------|--|----------------------|----------------------------------|
| Policy No. | <input type="text" value="5119511657"/> | Vehicle No. | <input type="text" value="SLA3451P"/> | GST Registration No. | <input type="text"/> |
| Certificate No. | <input type="text"/> | | | | |
| Policyholder Name | <input type="text" value="YEO SHER HOW"/> | | | Policyholder NRIC | <input type="text" value="S95"/> |
| 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="85004501"/> | 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="0"/> | Private Hire | <input type="text" value="No"/> |

▼ Accident Details

| | | | | | |
|-------------------|--|-------------------------------|------------------------------------|---------------------|------------------------------------|
| Report Date | <input type="text" value="03/03/2021 17:13"/> | Accident Report Within 24 hrs | <input type="text" value="Yes"/> | Accident Type | <input type="text" value="Colli"/> |
| Date of Accident | <input type="text" value="01/03/2021"/> | Time of Accident hh:mm | <input type="text" value="10:30"/> | 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="Ang Mo Kio Ave 3, Singapore"/> | | | | |

▼ Total Excess Applicable

| | | | | | |
|----------------------------|--------------------------------------|----------------------------|-------------------------------------|--------------------|-----------------------------------|
| Excess Type | Per Accident | Windscreen Excess | <input type="text" value="100.00"/> | | |
| OD Standard Excess | <input type="text" value="600.00"/> | TP Standard Excess | <input type="text" value="0.00"/> | | |
| 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="1500"/> | | | | |
| Total OD Excess Applicable | <input type="text" value="2100.00"/> | Total TP Excess Applicable | <input type="text" value="0.00"/> | | |

▼ 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 630 #10-43"/> | Address 2 | <input type="text" value="YISHUN STREET 61"/> | 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="760"/> |
| Unit No. | <input type="text" value="10-43"/> | Related Policy Number | <input type="text" value="5119511657"/> | | |

▼ OI Driver Info

| | | | | | |
|---|---|---------------------|--|------------------------|-----------------------------------|
| Driver Name | <input type="text" value="Yeo Sher How"/> | Driver Type | <input type="text" value="Main Driver"/> | | |
| Unnamed driver Name | <input type="text"/> | Driver NRIC | <input type="text" value="S9529090F"/> | Driver DOB | <input type="text" value="13/0"/> |
| Register Date of Driver License | <input type="text" value="28/12/2015"/> | Driver Age | <input type="text" value="25"/> | Driving Experience | <input type="text" value="5"/> |
| Contact No.(Mobile) | <input type="text" value="85004501"/> | Contact No.(Office) | <input type="text"/> | Contact No.(Home) | <input type="text"/> |
| Address 1 | <input type="text" value="BLK 630 #10-43"/> | Address 2 | <input type="text" value="YISHUN STREET 61"/> | 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="760"/> |
| Unit No. | <input type="text" value="10-43"/> | | | | |
| 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 |
|-------------------------------------|-----------------------------------|-------------|---|

Modification History

Claim 001 New

| | | | | | |
|--------------------------------|--|-------------------------|---|----------------------------|-----------------------------------|
| Claim Type * | <input type="text" value="OD-MX"/> | Insured Name | <input type="text" value="YEO SHER HOW"/> | Insured NRIC | <input type="text" value="S95"/> |
| Contact No.(Mobile) | <input type="text" value="85004501"/> | Contact No.(Home) | <input type="text"/> | Contact No.(Office) | <input type="text"/> |
| Email Address | <input type="text" value="YEOSHERHOW@HOTMAIL.COM"/> | OI Vehicle Number | <input type="text" value="SLA3451P"/> | TP Vehicle Number | <input type="text" value="SLN"/> |
| Claim Description | <input type="text" value="SLA3451P / SLN4626C ON 1 Mar 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="03/03/2021 17:16"/> | 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="03/0"/> |

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"/> <input type="text" value="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"/> <input type="text" value="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"/> <input type="text" value="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"/> <input type="text" value="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"/> <input type="text" value="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"/> <input type="text" value="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 SERVI CES) on 03 Mar 2021 17:16 | SAS | | Normal | SAS 2021-3-3 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Mar 2021 17:16 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2021-3-3 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Mar 2021 17:16 | Photos | | Normal | Photos 2021-3-3 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Mar 2021 17:16 | Photos | | Normal | Photos 2021-3-3 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Mar 2021 17:16 | Photos | | Normal | Photos 2021-3-3 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Mar 2021 17:16 | Photos | | Normal | Photos 2021-3-3 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Mar 2021 17:16 | Photos | | Normal | Photos 2021-3-3 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Mar 2021 17:16 | Photos | | Normal | Photos 2021-3-3 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Mar 2021 17:16 | Photos | | Normal | Photos 2021-3-3 |

Video List

| Uploaded By/Date | Folder Date | File Name | | Source |
|--|-------------|-----------|--|--------|
| <input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/> | | | | |