

Claim Handling

Accident MT/1123366

|                     |                                                               |                     |                                                               |                      |           |
|---------------------|---------------------------------------------------------------|---------------------|---------------------------------------------------------------|----------------------|-----------|
| Policy No.          | 5095852533-03                                                 | Vehicle No.         | SJN3151K                                                      | GST Registration No. |           |
| Certificate No.     |                                                               |                     |                                                               |                      |           |
| Policyholder Name   | CHUT HUI YAN                                                  |                     |                                                               | Policyholder NRIC    | S8228034J |
| Product Code        | COMMERCIAL VEHICLE INSURA                                     | Cover Type          | Comprehensive                                                 | Loading              | 0         |
| Contact No.(Mobile) | 97985712                                                      | Contact No.(Office) | 0                                                             | Contact No.(Home)    | 0         |
| Email Address       |                                                               | Special Remark      |                                                               | eCode                | No        |
| KFK                 | <input type="radio"/> No <input checked="" type="radio"/> Yes | TCA                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason         |           |
| NCD Protection      | No                                                            | NCD Entitlement(%)  | 15                                                            | Private Hire         | Yes       |

▼ Accident Details

|                   |                  |                               |       |                     |               |
|-------------------|------------------|-------------------------------|-------|---------------------|---------------|
| Report Date       | 05/03/2021 17:44 | Accident Report Within 24 hrs | Yes   | Accident Type       | Collision - C |
| Date of Accident  | 04/03/2021       | Time of Accident hh:mm        | 13:40 | Country of Accident | Singapore     |
| Reporting Centre  |                  | Orange Force                  |       | ICM No.             |               |
| Accident Location | GHIM MOH RD      |                               |       |                     |               |

▼ Total Excess Applicable

|                                   |                   |                    |         |
|-----------------------------------|-------------------|--------------------|---------|
| Excess Type                       | All Claims Excess | Windscreen Excess  | 100.00  |
| All Claims Excess                 | 2,000.00          |                    |         |
| YIED All Claim Excess             | 0.00              | Driver is Covered? | Covered |
| Total All Claim Excess Applicable | 2,000.00          |                    |         |

▼ Benefits

▼ GST Registered Information

|                      |    |                       |     |
|----------------------|----|-----------------------|-----|
| GST Registered       | No | GST Registration Date |     |
| GST Registration No. |    | GST Status Verified   | Yes |
| Modification History |    |                       |     |

▼ Policyholder Mailing Address

|           |                    |                       |                   |           |           |
|-----------|--------------------|-----------------------|-------------------|-----------|-----------|
| Address 1 | 205 BALESTIER ROAD | Address 2             | #12-02 THE MEZZO  | Address 3 | SINGAPORE |
| Address 4 |                    | Address Type          | Singapore address | Post Code | 329682    |
| Unit No.  | 12-02              | Related Policy Number | 5095852533-03     |           |           |

▼ OI Driver Info

|                                         |                                                               |                     |                      |                        |            |
|-----------------------------------------|---------------------------------------------------------------|---------------------|----------------------|------------------------|------------|
| Driver Name                             | Unnamed Driver                                                | Driver Type         | Unnamed Driver       | Driver DOB             | 05/05/1961 |
| Unnamed driver Name                     | CHUA HUA LAM                                                  | Driver NRIC         | S1445448I            | Driving Experience     | 40         |
| Register Date of Driver License         | 13/08/1980                                                    | Driver Age          | 60                   | Contact No.(Home)      | 0          |
| Contact No.(Mobile)                     | 92978930                                                      | Contact No.(Office) | 0                    | Address 3              | PEARL GAR  |
| Address 1                               | BLK 104                                                       | Address 2           | BEDOK NORTH AVENUE 4 | Post Code              | 460104     |
| Address 4                               | SINGAPORE 460104                                              | Address Type        | Singapore address    |                        |            |
| Unit No.                                | #11-2196                                                      |                     |                      |                        |            |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.  |                      | Driver Insurer Company |            |

Declaration

|                                     |      |             |                                                               |
|-------------------------------------|------|-------------|---------------------------------------------------------------|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
|-------------------------------------|------|-------------|---------------------------------------------------------------|

Modification History

Claim 001 OD-MX

New

|                          |                                  |                         |                                  |     |    |
|--------------------------|----------------------------------|-------------------------|----------------------------------|-----|----|
| Claim Type *             | OD-MX                            | Insured Name            | CHUT HUI YAN                     | In: | NF |
| Contact No.(Mobile)      |                                  | Contact No. (Home)      | 67298406                         | Co  | Nc |
| Email Address            |                                  | OI Vehicle Number       | SJN3151K                         | TP  | Ve |
| Claim Description        | SJN3151K / PA9519S ON 4 Mar 2021 |                         |                                  |     | Na |
| Preferred Workshop       |                                  | Insured Liability       | Not at Fault                     | Pr  | Wc |
| Contact No. Finalisation | Yes                              | Preferred Repair Option | Preferred Workshop, Name unknown |     |    |
| Date Registered          |                                  | GIA report              | Received                         |     |    |
| Report Taken By          |                                  | Claim Close Date        | 05/03/2021 17:50                 | Da  | Re |
|                          |                                  | Workshop Repairer       | ROSLINDA                         | To  | bu |

☒ Print AK letter

Save

Submit

Attachment

▼

|                    |                                                               |             |                  |
|--------------------|---------------------------------------------------------------|-------------|------------------|
| Accident No.       | MT/1123366                                                    | Claim No.   | 001              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 05/03/2021 00:00 |

Path \*

Choose File

No file chosen

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No file chosen

Choose File

No file chosen

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No file chosen

Category \*

Clear

Please Select

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Confidential

NO

NO

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NO

Urgency \*

Normal

Normal

Normal

Normal

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Please Select

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NO

Normal

Attachment List

| Attachment | Uploaded By/Date                                                               | Category              |   | Urgency | Description                    |
|------------|--------------------------------------------------------------------------------|-----------------------|---|---------|--------------------------------|
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2021 17:50 | NRIC/ Driving License | Y | Normal  | NRIC/ Driving License 2021-3-5 |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2021 17:50 | SAS                   |   | Normal  | SAS 2021-3-5                   |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2021 17:50 | Photos                |   | Normal  | Photos 2021-3-5                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2021 17:50 | Photos                |   | Normal  | Photos 2021-3-5                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2021 17:49 | Photos                |   | Normal  | Photos 2021-3-5                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2021 17:49 | Photos                |   | Normal  | Photos 2021-3-5                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2021 17:49 | Photos                |   | Normal  | Photos 2021-3-5                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2021 17:49 | Photos                |   | Normal  | Photos 2021-3-5                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2021 17:49 | Photos                |   | Normal  | Photos 2021-3-5                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2021 17:49 | Photos                |   | Normal  | Photos 2021-3-5                |

Video List

| Uploaded By/Date | Folder Date | File Name                        |                               | Source |
|------------------|-------------|----------------------------------|-------------------------------|--------|
|                  |             | <div>Display in New Window</div> | <div>Scan and uploading</div> |        |