

Claim Handling

Accident MT/1124023

Policy No.	5120627166	Vehicle No.	SMX5440A	GST Registration No.	
Certificate No.					
Policyholder Name	D'S CONCEPT			Policyholder NRIC	53425515M
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	86922180	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	11/03/2021 15:57	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	10/03/2021	Time of Accident hh:mm	09:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BIDEFORD ROAD				

▼ 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	11/03/2021 16:02:21 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 549 #07-98	Address 2	WOODLANDS DRIVE 44	Address 3	SINGAPORE 730549
Address 4		Address Type	Singapore address	Post Code	730549
Unit No.	07-98	Related Policy Number	5120627166		

▼ OI Driver Info

Driver Name	ONG JUNE YONG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7400450D	Driver DOB	07/01/1974
Register Date of Driver License	01/06/2007	Driver Age	47	Driving Experience	13
Contact No.(Mobile)	86922180	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 549	Address 2	WOODLANDS DRIVE 44	Address 3	SINGAPORE 730549
Address 4		Address Type	Singapore address	Post Code	730549
Unit No.	#07-98				
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
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	D'S CONCEPT	Insured NRIC	53425515M
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	64444644
Email Address		OI Vehicle Number	SMX5440A	TP Vehicle Number	SLC4344Z
Claim Description	SMX5440A / SLC4344Z ON 10 Mar 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	Received
Date Registered	11/03/2021 16:06	Claim Close Date		Date Received	11/03/2021 00:00
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

▼

Accident No.	MT/1124023	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	11/03/2021 00:00

Path *

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Message Read

Category *	Confidential	Urgency *	Description
Clear Please Select	NO	Normal	
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▼ Attachment List

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