

Claim Handling

Accident MT/1124039

|                     |                                                               |                     |                                                               |                      |           |
|---------------------|---------------------------------------------------------------|---------------------|---------------------------------------------------------------|----------------------|-----------|
| Policy No.          | 5117480266                                                    | Vehicle No.         | SBW9933D                                                      | GST Registration No. |           |
| Certificate No.     |                                                               |                     |                                                               |                      |           |
| Policyholder Name   | MIK CHEE CHUEN                                                |                     |                                                               | Policyholder NRIC    | S7035843C |
| Product Code        | PRIVATE CAR INSURANCE                                         | Cover Type          | drivo CLASSIC                                                 | Loading              | 0         |
| Contact No.(Mobile) | 96600488                                                      | Contact No.(Office) | 0                                                             | Contact No.(Home)    | 0         |
| Email Address       |                                                               | Special Remark      |                                                               | eCode                | No        |
| KFK                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason         |           |
| NCD Protection      | No                                                            | NCD Entitlement(%)  | 50                                                            | Private Hire         | Yes       |

▼ Accident Details

|                   |                                |                               |       |                     |           |
|-------------------|--------------------------------|-------------------------------|-------|---------------------|-----------|
| Report Date       | 11/03/2021 17:00               | Accident Report Within 24 hrs | Yes   | Accident Type       | Others    |
| Date of Accident  | 10/03/2021                     | Time of Accident hh:mm        | 11:30 | Country of Accident | Singapore |
| Reporting Centre  |                                | Orange Force                  |       | ICM No.             |           |
| Accident Location | NICOLL HIGHWAY JUNC OF JAVE RD |                               |       |                     |           |

▼ 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 |    |                       |     |

▼ Policyholder Mailing Address

|           |                 |                       |                      |           |                  |
|-----------|-----------------|-----------------------|----------------------|-----------|------------------|
| Address 1 | BLK 120 #15-172 | Address 2             | BEDOK NORTH STREET 2 | Address 3 | SINGAPORE 460120 |
| Address 4 |                 | Address Type          | Singapore address    | Post Code | 460120           |
| Unit No.  |                 | Related Policy Number | 5117480266           |           |                  |

▼ OI Driver Info

|                                         |                                                               |                     |                      |                        |                  |
|-----------------------------------------|---------------------------------------------------------------|---------------------|----------------------|------------------------|------------------|
| Driver Name                             | MIK CHEE CHUEN                                                | Driver Type         | Main Driver          |                        |                  |
| Unnamed driver Name                     |                                                               | Driver NRIC         | S7035843C            | Driver DOB             | 10/10/1970       |
| Register Date of Driver License         | 03/05/2012                                                    | Driver Age          | 50                   | Driving Experience     | 8                |
| Contact No.(Mobile)                     | 96600488                                                      | Contact No.(Office) | 0                    | Contact No.(Home)      | 0                |
| Address 1                               | BLK 120                                                       | Address 2           | BEDOK NORTH STREET 2 | Address 3              | SINGAPORE 460120 |
| Address 4                               |                                                               | Address Type        | Singapore address    | Post Code              | 460120           |
| Unit No.                                | #15-172                                                       |                     |                      |                        |                  |
| 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 type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---------------------------------------------------------------|

Modification History

Claim 001 OD-MX

New

|                                |                                  |                         |                                  |                            |                  |
|--------------------------------|----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type *                   | OD-MX                            | Insured Name            | MIK CHEE CHUEN                   | Insured NRIC               | S7035843C        |
| Contact No.(Mobile)            | 88921972                         | Contact No.(Home)       | 64463989                         | Contact No.(Office)        |                  |
| Email Address                  | selinket@singnet.com.sg          | OI Vehicle Number       | SBW9933D                         | TP Vehicle Number          | YN267C           |
| Claim Description              | SBW9933D / YN267C 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 17:05                 | Claim Close Date        |                                  | Date Received              | 11/03/2021 00:00 |
| Report Taken By                | ROSLINDA                         | Workshop Repairer       |                                  | Total Loss but Repaired    |                  |

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Attachment

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|                    |                                                               |             |                  |
|--------------------|---------------------------------------------------------------|-------------|------------------|
| Accident No.       | MT/1124039                                                    | Claim No.   | 001              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 11/03/2021 00:00 |

Path \*

Choose FileNo file chosen

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Message Read

| Category *         | Confidential | Urgency * | Description |
|--------------------|--------------|-----------|-------------|
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▼ Attachment List

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