

Claim Handling

Accident MT/1124483

Policy No.	5099600446-02	Vehicle No.	SLX7056A	GST Registration No.	
Certificate No.					
Policyholder Name	LEE SONG JOO			Policyholder NRIC	S7029785Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	84884232	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(%)	20	Private Hire	Yes

▼ Accident Details

Report Date	15/03/2021 19:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	15/03/2021	Time of Accident hh:mm	08:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOWER DELTA RD SLIP RD TO JLN BUKIT MERAH				

▼ 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	39 CARLISLE ROAD	Address 2	#04-01 CARLYX RESIDENCE	Address 3	SINGAPORE 219604
Address 4		Address Type	Singapore address	Post Code	219604
Unit No.	01-02	Related Policy Number	5099600446-03		

▼ OI Driver Info

Driver Name	LEE SONG JOO	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7029785Z	Driver DOB	28/08/1970
Register Date of Driver License	01/01/1996	Driver Age	50	Driving Experience	25
Contact No.(Mobile)	84884232	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	39 CARLISLE ROAD	Address 2	CARLYX RESIDENCE	Address 3	SINGAPORE 219604
Address 4		Address Type	Singapore address	Post Code	219604
Unit No.	#04-01				
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	LEE SONG JOO	Insured NRIC	S7029785Z
Contact No.(Mobile)	84884232	Contact No.(Home)	64527276	Contact No.(Office)	
Email Address		OI Vehicle Number	SLX7056A	TP Vehicle Number	SLK3771M
Claim Description	SLX7056A / SLK3771M ON 15 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	15/03/2021 19:40	Claim Close Date		Date Received	15/03/2021 00:00
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Attachment

▼

Attachment List

Accident No.	MT/1124483	Claim No.	001			
Last Doc. Received	☒ Yes ☐ No	Upload Date	15/03/2021 00:00			
Path *		Category *	Confidential	Urgency *	Description	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Message Read		Clear	Please Select	NO	Normal	

☐ Send Mes

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