

Claim Handling

Accident MT/1124781

Policy No.	5106687633-02	Vehicle No.	SMH612M	GST Registration No.
Certificate No.				
Policyholder Name	ANG TECK LOONG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	90018852	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
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(%)	10	Private Hire

▼ Accident Details

Report Date	18/03/2021 09:44	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	16/03/2021	Time of Accident hh:mm	17:58	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	Jln. Ahmad Ibrahim, Singapore			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

▼ 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 654C #15-476	Address 2	JURONG WEST STREET 61	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	15-476	Related Policy Number	5106687633-02	

▼ OI Driver Info

Driver Name	ANG TECK LOONG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8871871B	Driver DOB
Register Date of Driver License	19/10/2012	Driver Age	32	Driving Experience
Contact No.(Mobile)	90018852	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 654C #15-476	Address 2	JURONG WEST STREET 61	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	15-476			
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
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	ANG TECK LOONG	Insured NRIC
Contact No.(Mobile)	90018852	Contact No.(Home)		Contact No.(Office)
Email Address	JAYSON.ANG24@GMAIL.COM	OI Vehicle Number	SMH612M	TP Vehicle Number
Claim Description	SMH612M / YM9860K ON 16 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
Date Registered	18/03/2021 09:46	Claim Close Date		Date Received
Report Taken By	SHAN HUI			

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Attachment

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Message Read

Category *

Confidential

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Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Mar 2021 09:47	SAS		Normal	SAS 2021-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Mar 2021 09:47	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Mar 2021 09:47	Photos		Normal	Photos 2021-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Mar 2021 09:46	Photos		Normal	Photos 2021-3-18
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Mar 2021 09:46	Photos		Normal	Photos 2021-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Mar 2021 09:46	Photos		Normal	Photos 2021-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Mar 2021 09:46	Photos		Normal	Photos 2021-3-18

Video List

Uploaded By/Date	Folder Date	File Name		Sou
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