

Claim Handling

Accident MT/1124795

Policy No.	5100184384-02	Vehicle No.	SLN2582H	GST Registration No.
Certificate No.				
Policyholder Name	TCM ONG MEDICARE P L			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	93842516	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(%)	30	Private Hire
▼ Accident Details				
Report Date	18/03/2021 10:58	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/03/2021	Time of Accident hh:mm	17:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNCTION OF COMMONWEALTH AND QUEENSWAY			
▼ 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?
Additional Excess	0			
Total OD Excess Applicable	2000.00	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	18/03/2021 10:59:26 System changed GST Status Verified from No to Yes			
▼ Policyholder Mailing Address				
Address 1	9 PASIR PANJANG CLOSE	Address 2	SUNNY VALE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5100184384-03	
▼ OI Driver Info				
Driver Name	ONG CHEE MING	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7236964E	Driver DOB
Register Date of Driver License	10/09/1992	Driver Age	48	Driving Experience
Contact No.(Mobile)	93842516	Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SLN2582H	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 New				

Claim Type *	OD-MX	Insured Name	TCM ONG MEDICARE P L	Insured NRIC
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	SLN2582H	TP Vehicle Number
Claim Description	SLN2582H / SGM906K ON 15 Mar 2021			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	18/03/2021 11:02	Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB			
<input checked="" type="checkbox"/> Print AK letter				
Save Submit				
Attachment				

3/18/2021

Claim Handling(accident reporting Claim Task)

Accident No.

MT/1124795

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

18/03/2021 11:03

Path *

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Attachment List

Attachment

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Description

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Mar 2021 11:03

Photos

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Photos 2021-3-18

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Mar 2021 11:03

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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Mar 2021 11:02

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Video List

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