

Claim Handling

Accident MT/1125132

Policy No.	5114940863-01	Vehicle No.	SKX69X	GST Registration No.
Certificate No.				
Policyholder Name	TANG SERH MEI SHARON			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	96888863	Contact No.(Office)		Contact No.(Home)
Email Address	solnren@yahoo.com	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	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	22/03/2021 10:24	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	21/03/2021	Time of Accident hh:mm	08:44	Country of Accident
Reporting Centre	Jamaliah Bte Hashim	Orange Force	No	ICM No.
Accident Location	Cross Road Junction of Kings Road and Lutheran Road			

▼ 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	48 EWE BOON ROAD	Address 2	#14-01 CLIFTEN	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	14-01	Related Policy Number	5114940863-01	

▼ OI Driver Info

Driver Name	CHIA SERH MEI SHARON MRS TANG SERH MEI SHARON	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7522410I	Driver DOB
Register Date of Driver License	16/08/1993	Driver Age	45	Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1	48 EWE BOON ROAD	Address 2	#14-01 CLIFTEN	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	14-01			
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 002

New

Claim Type *	OD-MX	Insured Name	TANG SERH MEI SHARON	Insured NRIC
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	SKX69X	TP Vehicle Number
Claim Description				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered		Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired

☒ Print AK letter

Save

Submit

Attachment

Accident No.

MT/1125132

Last Doc. Received

YesNo

Claim No.

Upload Date

Path *

Choose File

IMG_20210322_143351.jpg

Choose File

IMG_20210322_143356.jpg

Choose File

IMG_20210322_143401.jpg

Choose File

IMG_20210322_143403.jpg

Choose File

IMG_20210322_143406.jpg


Choose File

IMG_20210322_143408.jpg


Message Read

	Category *	Confidential	Urgen
<div>Clear</div>	<div>Photos</div>	<div>NO</div>	<div>Normal</div>
<div>Clear</div>	<div>Photos</div>	<div>NO</div>	<div>Normal</div>
<div>Clear</div>	<div>Photos</div>	<div>NO</div>	<div>Normal</div>
<div>Clear</div>	<div>Photos</div>	<div>NO</div>	<div>Normal</div>
<div>Clear</div>	<div>Photos</div>	<div>NO</div>	<div>Normal</div>
<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>

Attachment List

Attachment	Uploaded By/Date	Category	 Urgency	Description
------------	------------------	----------	---	-------------

Video List

Uploaded By/Date	Folder Date	File Name	 Sou
------------------	-------------	-----------	---

Display in New Window

Scan and uploading