

Claim Handling

Accident MT/1125308

Policy No.

5119269532

Certificate No.

Policyholder Name

CHEW KUO CHOON

Product Code

PRIVATE CAR INSURANCE

Contact No.(Mobile)

96215858

Email Address

KFK

No

Yes

NCD Protection

No

Vehicle No.

SLT673K

Cover Type

drivo CLASSIC

Contact No.(Office)

Special Remark

TCA

No

Yes

NCD Entitlement(%)

0

GST Registration No.

Policyholder NRIC

Loading

Contact No.(Home)

eCode

eCode Reason

Private Hire

Report Date

23/03/2021 09:30

Accident Report Within 24 hrs

Yes

Accident Type

Date of Accident

19/03/2021

Time of Accident hh:mm

23:57

Country of Accident

Reporting Centre

Orange Force

ICM No.

Accident Location

Pasir Panjang Rd, 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 TP Excess Applicable

0.00

Total OD Excess Applicable

600.00

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 484A #06-26

Address 2

CHOA CHU KANG AVENUE 5

Address 3

Address 4

Address Type

Singapore address

Post Code

Unit No.

06-26

Related Policy Number

5119269532

OI Driver Info

Driver Name

CHEW KUO CHOON

Driver Type

Main Driver

Unnamed driver Name

Driver NRIC

S9533957C

Driver DOB

Register Date of Driver License

31/07/2019

Driver Age

25

Driving Experience

Contact No.(Mobile)

96215858

Contact No.(Office)

Contact No.(Home)

Address 1

BLK 484A #06-26

Address 2

CHOA CHU KANG AVENUE 5

Address 3

Address 4

Address Type

Singapore address

Post Code

Unit No.

06-26

Driver Vehicle No.

Driver Insurer Company

Does he own a Singapore Registered car?

Yes

No

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

Yes

No

Modification History

Claim 001

New

Claim Type \*

OD-MX

Insured Name

CHEW KUO CHOON

Insured NRIC

Contact No.(Mobile)

NIL

Contact No.(Home)

NIL

Contact No.(Office)

Email Address

OI Vehicle Number

SLT673K

TP Vehicle Number

Claim Description

SLT673K / SMY2777T ON 19 Mar 2021

Name of Preferred Workshop

Preferred Workshop Contact No.

Insured Liability \*

Not at Fault

Require Finalisation

Yes

Preferered Repair Option

Preferred Workshop, Name unknown

Date Registered

23/03/2021 09:31

Claim Close Date

GIA report

Report Taken By

SHAN HUI

Date Received

Print AK letter

Save

Submit

Attachment

3/23/2021

Claim Handling(accident reporting Claim Task )

Accident No.

MT/1125308

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

23/03/2021 09:32

Path \*

Choose File

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Message Read

Category \*

Confidential

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Attachment List

Attachment

Uploaded By/Date

Category

Urgency

Description

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Mar 2021 09:32

SAS

Normal

SAS 2021-3-23

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Mar 2021 09:32

NRIC/ Driving License

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Normal

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NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Mar 2021 09:32

Photos

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Photos 2021-3-23

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Photos 2021-3-23

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Mar 2021 09:32

Photos

Normal

Photos 2021-3-23

Video List

Uploaded By/Date

Folder Date

File Name

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Display in New Window

Scan and uploading

https://gicclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do

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