

Claim Handling

Accident MT/1125718

Policy No.	5112114463-01	Vehicle No.	SLA6834Z	GST Registration No.	
Certificate No.					
Policyholder Name	KENNETH EDWYN ERNEST			Policyholder NRIC	S8870586F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	92715775	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	25/03/2021 17:34	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	24/03/2021	Time of Accident hh:mm	19:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF HAVELOCK RD & EU TONG SENG STREET				
▼ 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	BLK 249 #07-125	Address 2	PASIR RIS STREET 21	Address 3	SINGAPORE 510249
Address 4		Address Type	Singapore address	Post Code	510249
Unit No.	06-02A	Related Policy Number	5112114463-01		
▼ OI Driver Info					
Driver Name	KENNETH EDWYN ERNEST	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8870586F	Driver DOB	28/01/1988
Register Date of Driver License	01/01/2008	Driver Age	33	Driving Experience	13
Contact No.(Mobile)	92715775	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 249	Address 2	PASIR RIS STREET 21	Address 3	SINGAPORE 510249
Address 4		Address Type	Singapore address	Post Code	510249
Unit No.	#07-125				
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		
Modification History					

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	KENNETH EDWYN ERNEST	Insured NRIC	S8870586F
Contact No.(Mobile)	92715775	Contact No.(Home)		Contact No.(Office)	
Email Address	KENNETHERNEST@CITYCOMM.4	OI Vehicle Number	SLA6834Z	TP Vehicle Number	SGX3666A
Claim Description	SLA6834Z / SGX3666A ON 24 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	25/03/2021 17:39	Claim Close Date		Date Received	25/03/2021 00:00
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	
☒ Print AK letter					

Save Submit

Attachment

▼

Accident No.	MT/1125718	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	25/03/2021 00:00
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Description
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

☐ Send Mes

Attachment List

<https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do?stype=1&saction=&odOrTp=1&isWorkshop=®Check=1&taskInstanceId=27972...> 2/2