

Claim Handling

Accident MT/1125873

Policy No.	<input type="text" value="5109840070-01"/>	Vehicle No.	<input type="text" value="SML5459K"/>	GST Registration No.	
Certificate No.	<input type="text"/>				
Policyholder Name	<input type="text" value="OMAR BIN ABDUL KARIM"/>			Policyholder NRIC	
Product Code	<input type="text" value="PRIVATE CAR INSURANCE"/>	Cover Type	<input type="text" value="drivo CLASSIC"/>	Loading	
Contact No.(Mobile)	<input type="text" value="92789148"/>	Contact No.(Office)	<input type="text"/>	Contact No.(Home)	
Email Address	<input type="text"/>	Special Remark		eCode	
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	<input type="text" value="Yes"/>	NCD Entitlement(%)	<input type="text" value="50"/>	Private Hire	

▼ **Accident Details**

Report Date	<input type="text" value="26/03/2021 18:31"/>	Accident Report Within 24 hrs	<input type="text" value="Yes"/>	Accident Type	
Date of Accident	<input type="text" value="26/03/2021"/>	Time of Accident hh:mm	<input type="text" value="09:15"/>	Country of Accident	
Reporting Centre	<input type="text"/>	Orange Force		ICM No.	
Accident Location	<input type="text" value="PIE, Singapore Additional Location Information:TWDS SIMS AVE EXIT"/>				

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	<input type="text" value="100.00"/>		
OD Standard Excess	<input type="text" value="2,000.00"/>	TP Standard Excess	<input type="text" value="1,500.00"/>		
YIED OD Excess	<input type="text" value="0.00"/>	YIED TP Excess	<input type="text" value="0.00"/>	Driver is Covered?	
Additional Excess	<input type="text" value="0"/>				
Total OD Excess Applicable	<input type="text" value="2000.00"/>	Total TP Excess Applicable	<input type="text" value="1,500.00"/>		

▼ **Benefits**

Coverage		Sum Insured	
Transport Allowance		<input type="text" value="99999999.99"/>	

▼ **GST Registered Information**

GST Registered	<input type="text" value="No"/>	GST Registration Date	<input type="text"/>
GST Registration No.	<input type="text"/>	GST Status Verified	<input type="text" value="Yes"/>
Modification History	<input type="text" value="26/03/2021 18:32:57 System changed GST Status Verified from No to Yes"/>		

▼ **Policyholder Mailing Address**

Address 1	<input type="text" value="BLK 224 #05-112"/>	Address 2	<input type="text" value="SIMEI STREET 4"/>	Address 3	
Address 4	<input type="text"/>	Address Type	<input type="text" value="Singapore address"/>	Post Code	
Unit No.	<input type="text" value="05-112"/>	Related Policy Number	<input type="text" value="5109840070-01"/>		

▼ **OI Driver Info**

Driver Name	<input type="text" value="Unnamed Driver"/>	Driver Type	<input type="text" value="Unnamed Driver"/>		
Unnamed driver Name	<input type="text" value="NUR IHSAN BIN OMAR"/>	Driver NRIC	<input type="text" value="S9246160B"/>	Driver DOB	
Register Date of Driver License	<input type="text" value="05/04/2012"/>	Driver Age	<input type="text" value="28"/>	Driving Experience	
Contact No.(Mobile)	<input type="text" value="91018235"/>	Contact No.(Office)	<input type="text"/>	Contact No.(Home)	
Address 1	<input type="text" value="BLK 155 #02-136"/>	Address 2	<input type="text" value="RIVERVALE CRESCENT"/>	Address 3	
Address 4	<input type="text" value="SINGAPORE 540155"/>	Address Type	<input type="text" value="Singapore address"/>	Post Code	
Unit No.	<input type="text" value="02-136"/>				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	<input type="text"/>	Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	<input type="text" value="0 mg"/>	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
-------------------------------------	-----------------------------------	-------------	---

Modification History

Claim 001 **New**

Claim Type *	<input type="text" value="OD-MX"/>	Insured Name	<input type="text" value="OMAR BIN ABDUL KARIM"/>	Insured NRIC	
Contact No.(Mobile)	<input type="text" value="92789148"/>	Contact No.(Home)	<input type="text" value="67820485"/>	Contact No.(Office)	
Email Address	<input type="text"/>	OI Vehicle Number	<input type="text" value="SML5459K"/>	TP Vehicle Number	
Claim Description	<input type="text" value="SML5459K / SKW6503A ON 26 Mar 2021"/>				Name of Preferred Workshop
Preferred Workshop Contact No.	<input type="text"/>	Insured Liability *	<input type="text" value="Not at Fault"/>		
Require Finalisation	<input type="text" value="Yes"/>	Preferred Repair Option	<input type="text" value="Preferred Workshop, Name unknown"/>	GIA report	
Date Registered	<input type="text" value="26/03/2021 18:34"/>	Claim Close Date	<input type="text"/>	Date Received	
Report Taken By	<input type="text" value="SHAN HUI"/>				

Print AK letter

Attachment

Accident No. Claim No.
 Last Doc. Received Yes No Upload Date

Path * Category * Confidential Urgen

<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Message Read"/>		<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Mar 2021 18:35	SAS		Normal	SAS 2021-3-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Mar 2021 18:35	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Mar 2021 18:35	Photos		Normal	Photos 2021-3-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Mar 2021 18:35	Photos		Normal	Photos 2021-3-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Mar 2021 18:35	Photos		Normal	Photos 2021-3-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Mar 2021 18:34	Photos		Normal	Photos 2021-3-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Mar 2021 18:34	Photos		Normal	Photos 2021-3-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Mar 2021 18:34	Photos		Normal	Photos 2021-3-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Mar 2021 18:34	Photos		Normal	Photos 2021-3-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Mar 2021 18:34	Photos		Normal	Photos 2021-3-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Mar 2021 18:34	Photos		Normal	Photos 2021-3-26

Video List

Uploaded By/Date	Folder Date	File Name		Sou
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>	