

Claim Handling

Accident MT/1125921

Policy No.	5106443319-02	Vehicle No.	SLZ5375G	GST Registration No.	
Certificate No.					
Policyholder Name	LIM TOW KIAT			Policyholder NRIC	S1434735F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	82554009	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

▼ Accident Details

Report Date	27/03/2021 13:36	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	26/03/2021	Time of Accident hh:mm	20:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF KITCHENER ROAD AND JALAN BESAR				

▼ 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?	Covered
Additional Excess	0.00				
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	BLK 640 #07-78	Address 2	ROWELL ROAD	Address 3	SINGAPORE 200640
Address 4		Address Type	Singapore address	Post Code	200640
Unit No.		Related Policy Number	5106443319-02		

▼ OI Driver Info

Driver Name	Lim Tow Kiat	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1434735F	Driver DOB	09/01/1960
Register Date of Driver License	19/07/1989	Driver Age	61	Driving Experience	31
Contact No.(Mobile)	82999112	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 640 #07-78	Address 2	ROWELL ROAD	Address 3	SINGAPORE 200640
Address 4		Address Type	Singapore address	Post Code	200640
Unit No.					
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.	SLZ5375G	Driver Insurer Company	NTUC

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	LIM TOW KIAT	Insured NRIC	S1434735F
Contact No.(Mobile)	82554009	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SLZ5375G	TP Vehicle Number	YM8707C
Claim Description	SLZ5375G / YM8707C ON 26 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	27/03/2021 13:40	Claim Close Date		Date Received	27/03/2021 00:00
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save

Submit

Attachment

▼

Accident No.	MT/1125921	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	27/03/2021 14:02

Path *

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

Choose File

No file chosen

Message Read

▼ Attachment List

Category *	Confidential	Urgency *	Description
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

 Video List

Display in New Window Scan and uploading