

Claim Handling

Accident MT/1126098

|                     |                                                               |                     |                                                               |                      |
|---------------------|---------------------------------------------------------------|---------------------|---------------------------------------------------------------|----------------------|
| Policy No.          | 5118114289                                                    | Vehicle No.         | SMT6062Y                                                      | GST Registration No. |
| Certificate No.     |                                                               |                     |                                                               |                      |
| Policyholder Name   | JERMAIN CHEW HUI YAN                                          |                     |                                                               | Policyholder NRIC    |
| Product Code        | PRIVATE CAR INSURANCE                                         | Cover Type          | drivo CLASSIC                                                 | Loading              |
| Contact No.(Mobile) | 97615955                                                      | Contact No.(Office) |                                                               | Contact No.(Home)    |
| Email Address       |                                                               | 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      | No                                                            | NCD Entitlement(%)  | 0                                                             | Private Hire         |

▼ Accident Details

|                   |                  |                               |       |                     |
|-------------------|------------------|-------------------------------|-------|---------------------|
| Report Date       | 29/03/2021 16:18 | Accident Report Within 24 hrs | Yes   | Accident Type       |
| Date of Accident  | 26/03/2021       | Time of Accident hh:mm        | 18:40 | Country of Accident |
| Reporting Centre  |                  | Orange Force                  |       | ICM No.             |
| Accident Location | ALONG KPE        |                               |       |                     |

▼ Total Excess Applicable

|                            |              |                            |        |                    |
|----------------------------|--------------|----------------------------|--------|--------------------|
| Excess Type                | Per Accident | Windscreen Excess          | 100.00 |                    |
| OD Standard Excess         | 600.00       | TP Standard Excess         | 0.00   |                    |
| YIED OD Excess             | 500.00       | YIED TP Excess             | 0.00   | Driver is Covered? |
| Additional Excess          | 0            |                            |        |                    |
| Total OD Excess Applicable | 1100.00      | 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 697 #06-24   | Address 2             | HOUGANG STREET 61 | Address 3 |
| Address 4 | SINGAPORE 530697 | Address Type          | Singapore address | Post Code |
| Unit No.  | 06-24            | Related Policy Number | 5118114289        |           |

▼ OI Driver Info

|                                         |                                                               |                     |                   |                        |
|-----------------------------------------|---------------------------------------------------------------|---------------------|-------------------|------------------------|
| Driver Name                             | Unnamed Driver                                                | Driver Type         | Unnamed Driver    |                        |
| Unnamed driver Name                     | CHEW AIK WANG                                                 | Driver NRIC         | S1297769G         | Driver DOB             |
| Register Date of Driver License         | 03/12/1981                                                    | Driver Age          | 62                | Driving Experience     |
| Contact No.(Mobile)                     | 97290183                                                      | Contact No.(Office) |                   | Contact No.(Home)      |
| Address 1                               | BLK 697 #06-24                                                | Address 2           | HOUGANG STREET 61 | Address 3              |
| Address 4                               | SINGAPORE 530697                                              | Address Type        | Foreign address   | Post Code              |
| Unit No.                                | 06-24                                                         |                     |                   |                        |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.  | SMU3133R          | 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 001

New

|                                |                                   |                          |                                  |                            |
|--------------------------------|-----------------------------------|--------------------------|----------------------------------|----------------------------|
| Claim Type *                   | OD-MX                             | Insured Name             | JERMAIN CHEW HUI YAN             | Insured NRIC               |
| Contact No.(Mobile)            | 96715955                          | Contact No.(Home)        |                                  | Contact No.(Office)        |
| Email Address                  | JERMAINCHEW@GMAIL.COM             | OI Vehicle Number        | SMT6062Y                         | TP Vehicle Number          |
| Claim Description              | SMT6062Y / FBM413A ON 26 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 | GIA report                 |
| Date Registered                | 29/03/2021 16:21                  | Claim Close Date         |                                  | Date Received              |
| Report Taken By                | ROSLI WAHAB                       |                          |                                  |                            |

☒ Print AK letter

Save

Submit

Attachment

3/29/2021

Claim Handling(accident reporting Claim Task )

Accident No.

MT/1126098

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

29/03/2021 16:22

Path \*

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Message Read

Category \*

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Attachment List

Attachment

Uploaded By/Date

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Urgency

Description



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Photos

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Photos 2021-3-29



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Video List

Uploaded By/Date

Folder Date

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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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