

Claim Handling

Accident MT/1126547

Policy No.	5112345879-01	Vehicle No.	SMN9149T	GST Registration No.
Certificate No.				
Policyholder Name	LOW KIM KEONG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	94566045	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire
▼ Accident Details				
Report Date	31/03/2021 18:48	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	30/03/2021	Time of Accident hh:mm	18:47	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	New Upper Changi 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 OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	
▼ Benefits				
Coverage		Sum Insured		
Accessory		2000		
▼ GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified	Yes	
Modification History				
▼ Policyholder Mailing Address				
Address 1	BLK 350 #04-87	Address 2	WOODLANDS AVENUE 3	Address 3
Address 4	SINGAPORE 730350	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5112345879-01	
▼ OI Driver Info				
Driver Name	LOW KIM KEONG (LIU JINQIANG)	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7923561Z	Driver DOB
Register Date of Driver License	19/08/2006	Driver Age	41	Driving Experience
Contact No.(Mobile)	94566045	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 350 #04-87	Address 2	WOODLANDS AVENUE 3	Address 3
Address 4	SINGAPORE 730350	Address Type	Singapore address	Post Code
Unit No.				
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 New				

Claim Type *	OD-MX	Insured Name	LOW KIM KEONG	Insured NRIC
Contact No.(Mobile)	94566045	Contact No.(Home)	64492448	Contact No.(Office)
Email Address	KIRK.LOW@YAHOO.COM	OI Vehicle Number	SMN9149T	TP Vehicle Number
Claim Description	SMN9149T / SLD4239P ON 30 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
Date Registered	31/03/2021 18:51	Claim Close Date		Date Received
Report Taken By	SHAN HUI			
☒ Print AK letter				

Attachment

Save Submit

▼

Accident No.

MT/1126547

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

31/03/2021 18:52

Path *

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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 31 Mar 2021 18:52	SAS		Normal	SAS 2021-3-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Mar 2021 18:52	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Mar 2021 18:51	Photos		Normal	Photos 2021-3-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Mar 2021 18:51	Photos		Normal	Photos 2021-3-31
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Mar 2021 18:51	Photos		Normal	Photos 2021-3-31

▼ Video List

Uploaded By/Date	Folder Date	File Name		Sou
		Display in New Window	Scan and uploading	