

Claim Handling

Accident MT/1126563

Policy No.	5119316787	Vehicle No.	SLE8015L	GST Registration No.
Certificate No.				
Policyholder Name	WINSOR LIM SHENG HWA			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	92375521	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(%)	20	Private Hire

▼ Accident Details

Report Date	01/04/2021 08:37	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	28/03/2021	Time of Accident hh:mm	19:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	Ang Mo Kio Ave 1, 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	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 411 #09-1008	Address 2	HOUGANG AVENUE 10	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	09-1008	Related Policy Number	5119316787	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LIM SHENG YEW WARREN	Driver NRIC	S8802225D	Driver DOB
Register Date of Driver License	16/11/2007	Driver Age	33	Driving Experience
Contact No.(Mobile)	81836394	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 411 #09-1008	Address 2	HOUGANG AVENUE 10	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	09-1008			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company

Declaration

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

Claim 001

New

Claim Type *	OD-MX	Insured Name	WINSOR LIM SHENG HWA	Insured NRIC
Contact No.(Mobile)	92375521	Contact No.(Home)		Contact No.(Office)
Email Address	winsor1989@hotmail.com	OI Vehicle Number	SLE8015L	TP Vehicle Number
Claim Description	SLE8015L / FBN7466X ON 28 Mar 2021			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	01/04/2021 08:40	Claim Close Date		Date Received
Report Taken By	SHAN HUI			

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Attachment

Path *

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Message Read

Category *

Confidential

Urgen

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Apr 2021 08:40	SAS		Normal	SAS 2021-4-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Apr 2021 08:40	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Apr 2021 08:40	Photos		Normal	Photos 2021-4-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Apr 2021 08:40	Photos		Normal	Photos 2021-4-1
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Apr 2021 08:40	Photos		Normal	Photos 2021-4-1

Video List

Uploaded By/Date	Folder Date	File Name		Sou
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