

Claim Handling

Task Transfer

Exit

Accident MT/1096828

LOS

SAL

SUB

Policy No.	5114144996	Vehicle No.	FBK6407P	GST Registration No.	
Certificate No.					
Policyholder Name	IBNUHAYAT BIN KALJOENI			Policyholder NRIC	S1765369E
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	NA	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	14/07/2020 15:37	Accident Report Within 24 hrs	No	Accident Type	Collision - Head to Rear
Date of Accident	09/07/2020	Time of Accident hh:mm	17:10	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	Yes	ICM No.	4591500
Accident Location	STARIGHT BUKIT TIMAH RD NEAR ANAMALAI AVE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	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 106 #09-113	Address 2	PASIR RIS STREET 12	Address 3	SINGAPORE 510106
Address 4		Address Type	Singapore address	Post Code	510106
Unit No.	09-113	Related Policy Number	5114144996		

OI Driver Info

Driver Name	IBNUHAYAT BIN KALJOENI @ NORHAYAT BIN OSMAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1765369E	Driver DOB	26/02/1966
Register Date of Driver License	18/11/1987	Driver Age	54	Driving Experience	32
Contact No.(Mobile)	96274653	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 106 #09-113	Address 2	PASIR RIS STREET 12	Address 3	SINGAPORE 510106
Address 4		Address Type	Singapore address	Post Code	510106
Unit No.	09-113				
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	14/08/2020 09:31 s018940 Modify Accident Type(Collision - Change / Cross lane-->Collision - Head to Rear) 14/08/2020 09:31 s018940 Modify Driver Name(-->IBNUHAYAT BIN KALJOENI @ NORHAYAT BIN OSMAN) 14/08/2020 09:31 s018940 Modify Driver Type(-->Main Driver)		

Investigation

Claim Type	OD-MX	Insured Name	IBNUHAYAT BIN KALJOENI	Insured NRIC	S1765369E
Contact No.(Mobile)	96274653	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	FBK6407P	TP Vehicle Number	SME7079Y
Claim Description	FBK6407P / SME7079Y ON 9 Jul 2020			Name of Preferred Workshop	
Preferred Workshop	☐ Yes ☒ No	Preferred Repair Option	Preferred Workshop Name	Insured Liability report	Partially at Fault Received
Registration Date		Date Registered	13/08/2020 10:58	Claim Close Date	
Report Taken By	ROS LI WAH AB	Workshop Repairer		Date Received	13/08/2020 00:00
☒ Print AK letter				Total Loss but Repaired	
Modification History					

Special Claim Creation Approval

Approval	Reason
Remarks	

Attachment

Accident No.	MT/1096828	Claim No.	003
Last Doc. Received	☒ Yes ☐ No	Upload Date	13/08/2020 00:00
Path *		Category *	
Choose File No file chosen		Clear Please Select	NO
Choose File No file chosen		Clear Please Select	NO
Choose File No file chosen		Clear Please Select	NO
Choose File No file chosen		Clear Please Select	NO

Confidential	Urgency *	Description *
NO	Normal	
NO	Normal	
NO	Normal	
NO	Normal	

Attachment List

▼ **Video List**

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