

Claim Handling

Accident MT/1100905

Policy No.	5118299787	Vehicle No.	FBR4866Z	GST Registration No.	
Certificate No.					
Policyholder Name	NUR SHAKIRIN BINTE SABTU			Policyholder NRIC	S9416792B
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(%)	0	Private Hire	No

Accident Details

Report Date	24/08/2020 14:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	21/08/2020	Time of Accident hh:mm	17:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE TOWARDS MCE (4KM)				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Applicable
YIED OD Excess		YIED TP Excess			
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 224 #11-537	Address 2	ANG MO KIO AVENUE 1	Address 3	SINGAPORE 560224
Address 4		Address Type	Singapore address	Post Code	560224
Unit No.	11-537	Related Policy Number	5118299787		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Company	
Modification History					

Claim 002

New

Claim Type *	OD-MX	Insured Name	NUR SHAKIRIN BINTE SABTU	Insured NRIC	S9416792B
Contact No.(Mobile)	87485787	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	FBR4866Z	TP Vehicle Number	SKB2398Z
Claim Description	FBR4866Z / SKB2398Z ON 21 Aug 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Repair No.		Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	24/08/2020 18:41	Claim Close Date		Date Received	24/08/2020 00:
Report Taken By	ROSLI WAHAB				
☒ Print AK letter					

Save Submit

Attachment

Accident No.

MT/1100905

Claim No.

002

Last Doc. Received

☒ Yes ☐ No

Upload Date

24/08/2020 18:42

Path *

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No file chosen

Message Read

Category *

Confidential

Urgency *

Description *

Clear

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NO

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Attachment

Uploaded By/Date

Category

Urgency

Description

Msg Sent? (CO)

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 Video List

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