

Claim Handling

Accident MT/1101970

Policy No.

0089231463-17

Certificate No.

Policyholder Name

LOO SAY HUI

Product Code

MOTORCYCLE INSURANCE

Contact No.(Mobile)

96459787

Email Address

KFK

No

Yes

NCD Protection

No

Vehicle No.

FX27B

Cover Type

Third Party

Contact No.(Office)

Special Remark

TCA

No

Yes

NCD Entitlement(%)

20

GST Registration No.

Policyholder NRIC

S1825581B

Loading

0

Contact No.(Home)

eCode

No

eCode Reason

Private Hire

No

Report Date

01/09/2020 17:41

Accident Report Within 24 hrs

Yes

Accident Type

Collision - Change / Cross lane

Date of Accident

31/08/2020

Time of Accident hh:mm

17:30

Country of Accident

Singapore

Reporting Centre

Orange Force

ICM No.

Accident Location

ALONG EU TONG SEN STREET

Total Excess Applicable

Excess Type

Per Accident

Windscreen Excess

0.00

OD Standard Excess

0.00

TP Standard Excess

0.00

YIED OD Excess

0.00

YIED TP Excess

0.00

Driver is Covered?

Not Covered

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 144 #03-1132

Address 2

JALA BUKIT MERAH

Address 3

SINGAPORE 160144

Address 4

Address Type

Singapore address

Post Code

160144

Unit No.

Related Policy Number

0089231463-17

OI Driver Info

Driver Name

LOO SAY HUI

Driver Type

Main Driver

Unnamed driver Name

Driver NRIC

S1825581B

Driver DOB

12/08/1967

Register Date of Driver License

01/01/2001

Driver Age

53

Driving Experience

19

Contact No.(Mobile)

96459787

Contact No.(Office)

Contact No.(Home)

Address 1

BLK 144 #03-1132

Address 2

JALA BUKIT MERAH

Address 3

SINGAPORE 160144

Address 4

Address Type

Singapore address

Post Code

160144

Unit No.

Does he own a Singapore Registered car?

Yes

No

Driver Vehicle No.

FX27B

Driver Insurer Company

NTUC

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

Yes

No

Modification History

Claim 001

New

Claim Type

Contact No.(Mobile)

96459787

Email Address

Claim Description

FX27B / UNKNOWN BIKE ON 31 Aug 2020

Preferred Workshop

Insured Liability

Not at Fault

Insured Name

LOO SAY HUI

Insured NRIC

S1825581B

Contact No.

62723339

Contact No.(Office)

NIL

TP

Vehicle Number

UNKNOWN BIKE

Name of Preferred Workshop

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

01/09/2020 17:51

Claim Close Date

Date Received

01/09/2020 00:

Report Taken By

ROSLI WAHAB

Print AK letter

Save

Submit

Attachment

Accident No.

MT/1101970

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

01/09/2020 17:52

Path

Category

Please Select

Confidential

No

Urgency

Normal

Description

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Send Mes

Attachment List

Attachment

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Sep 2020 17:52

Uploaded By/Date

Category

Photos

Urgency

Normal

Description

Photos 2020-9-1

Msg Sent? (CO)

					
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Sep 2020 17:52	Photos		Normal	Photos 2020-9-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Sep 2020 17:52	Photos		Normal	Photos 2020-9-1
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Sep 2020 17:51	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-9-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Sep 2020 17:51	SAS		Normal	SAS 2020-9-1

 Video List

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