Claim Handling

Accident MT/1102565					
Policy No.	5118327875	Vehicle No.	FBJ9274R	GST Registration No.	
Certificate No.					
Policyholder Name	MOHAMMED THAQIF DHIYAUDDIN BIN MO			Policyholder NRIC	S962592
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	N
Email Address	No Vos	Special Remark	No ○ Yos	eCode	No 🗸
KFK NCD Protection	No	TCA NCD Entitlement(%)	No Yes	eCode Reason Private Hire	No
Accident Details	No	NCD Enddement(%)	0	riivate niie	NO
Report Date	07/09/2020 17:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision -
Date of Accident	05/09/2020	Time of Accident hh:mm	00:30	Country of Accident	Singapore
Reporting Centre	03/09/2020	Orange Force	00.30	ICM No.	Siligapore
Accident Location	Slip Road of Woodlands Avenue 7 and Wo	-		TOP NO.	
▼ Total Excess Applicable	Sup rodd or vicediands / vende / and vic	Social as AVEL			
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applic
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
▽ Benefits					
▼ GST Registered Informati	on				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
▼ Policyholder Mailing Addr	ress				
Address 1	BLK 162 #10-599	Address 2	WOODLANDS STREET 13	Address 3	SINGAPO
Address 4		Address Type	Singapore address	Post Code	730162
Unit No.	10-599	Related Policy Number	5118327875		
▽ OI Driver Info					
Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
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 OD-MX New					
	1				
Claim Type *			OD-MX	▼ Insured Name MOHAMMEI	D THAQIF DHIYAUDE N
C N . (M . ! !)				Contact	
Contact No.(Mobile)			90698085	No. (Home)	N
Email Address				OI Vehicle FBJ9274R	
Email Address				Number	, N
Claim Description			FBJ9274R	/ SMD7978H ON 5 Sept 2020	N P
Preferred					V
Workshop	Insured Liability Fully a				
Finalisation Les	Repair Preferred Worksho	pp, Name unknown V Received		Claim	D
Date Registered			26/09/202	0 10:02 Close Date	R
Report Taken By			ROSLI WA	HAR Workshop	To b
report taken by			ROSLI WA	Repairer	R
Print AK letter					
- Time run letter					
			Save Submit		
Attachment					
൞					
Accident No.	MT/1102565	Claim No.	002		
Last Doc. Received	• Yes O No	Upload Date	26/09/2020	10:25	
		- 1	20,00,2020		Hranesy *
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Message Read

Attachment	Up	loaded By/Date	Category		Urgency		Description
	NAC_PAYA_UBI_800601(NATI 26	ONAL ASSESSMENT CENTRE SERVICES) on Sep 2020 10:25	Photos		Normal	P	hotos 2020-9-26
		ONAL ASSESSMENT CENTRE SERVICES) on Sep 2020 10:25	Photos		Normal	P	hotos 2020-9-26
		ONAL ASSESSMENT CENTRE SERVICES) on Sep 2020 10:25	Photos		Normal	P	hotos 2020-9-26
		ONAL ASSESSMENT CENTRE SERVICES) on Sep 2020 10:24	Photos		Normal	P	hotos 2020-9-26
		ONAL ASSESSMENT CENTRE SERVICES) on Sep 2020 10:24	Photos		Normal	P	hotos 2020-9-26
		ONAL ASSESSMENT CENTRE SERVICES) on Sep 2020 10:24	Photos		Normal	P	hotos 2020-9-26
		ONAL ASSESSMENT CENTRE SERVICES) on Sep 2020 10:24	Photos		Normal	P	hotos 2020-9-26
いた側側 またぞま		ONAL ASSESSMENT CENTRE SERVICES) on Sep 2020 10:24	NRIC/ Driving License	Υ	Normal	NRIC/ Dr	iving License 2020-9-26
3		ONAL ASSESSMENT CENTRE SERVICES) on Sep 2020 10:24	SAS		Normal		SAS 2020-9-26
Video List							
	Uploaded By/Date	Folder Date	File Name			?	Source