

Claim Handling

Accident MT/1104847

Policy No.	5116226366	Vehicle No.	FW15R	GST Registrati
Certificate No.				
Policyholder Name	MUHAMMAD NASIR BIN A'SMI			Policyholder NI
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	97633717	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	28/09/2020 17:42	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/09/2020	Time of Accident hh:mm	07:20	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG ALEXANDRA ROAD TOWARDS TELOK BLANGAH ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
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 427 #03-703	Address 2	BUKIT PANJANG RING ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	10-117	Related Policy Number	5116226366	

▼ OI Driver Info

Driver Name	MUHAMMAD NASIR BIN A'SMI	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8104829J	Driver DOB
Register Date of Driver License	08/12/1998	Driver Age	39	Driving Experie
Contact No.(Mobile)	97633717	Contact No.(Office)		Contact No.(H
Address 1	BLK 427 #03-703	Address 2	BUKIT PANJANG RING ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	10-117			
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.	FW15R	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ☒ No
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Modification History

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Contact No. Finalisation

Date Registered

Report Taken By

☒ Print AK letter

OD-MX

97633717

nsr182@hotmail.com

FW15R / FBQ3593Y ON 23 Sept 2020

Insured Name

Contact No. (Home)

OI Vehicle Number

Insured Liability

Preferred Repair Option

GIA report

Claim Close Date

Not at Fault

Preferred Workshop, Name unknown

Received

28/09/2020 17:56

ROS LI WAHAB

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1/3

Attachment

▼

Accident No.

MT/1104847

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

28/09/2020 17:58

Path *

Category *

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Choose File

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NO

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Message Read

Attachment List					
Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Sep 2020 17:58	Photos		Normal	Ph
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▼ Video List

Uploaded By/Date	Folder Date	File Name	
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