

Claim Handling

Accident MT/1105775

Policy No.	5029215973-12	Vehicle No.	FW8666J	GST Registration No.	
Certificate No.					
Policyholder Name	ESTATE OF SAMSUDIN BIN ASPURI			Policyholder NRIC	S1239579E
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
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	06/10/2020 18:01	Accident Report Within 24 hrs	Yes	Accident Type	Collision - P
Date of Accident	05/10/2020	Time of Accident hh:mm	11:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BISHAN RD TWDS BISHAN ST 22				

▼ 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 413B #02-41	Address 2	FERNVALE LINK	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	792413
Unit No.		Related Policy Number	5029215973-12		

▼ OI Driver Info

Driver Name	SAMSI BIN JOYANE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1577943H	Driver DOB	20/12/1961
Register Date of Driver License	04/01/1985	Driver Age	56	Driving Experience	35
Contact No.(Mobile)	96607624	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 830	Address 2	YISHUN STREET 81	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	760830
Unit No.	#04-480				
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
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	ESTATE OF SAMSUDIN BIN ASP	In: NF
Contact No.(Mobile)	96684292	Contact No.(Home)	63156681	Co Nc (O
Email Address		OI Vehicle Number	FW8666J	TP Ve Nu
Claim Description	FW8666J / SBS7497E ON 5 Oct 2020			Na Pri Wk
Preferred Workshop		Insured Liability	Not at Fault	
Repair No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	06/10/2020 18:09	Claim Close Date		Da Re
Report Taken By	ROSINDA	Workshop Repairer		To bu Re

☒ Print AK letter

Save Submit

Attachment

▼

Accident No.	MT/1105775	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	06/10/2020 00:00

Path *

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Category *

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Please Select

Confidential

Urgency *

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Message Read

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NO

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2020 18:09	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-10-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2020 18:09	SAS		Normal	SAS 2020-10-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2020 18:09	Photos		Normal	Photos 2020-10-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2020 18:08	Photos		Normal	Photos 2020-10-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2020 18:08	Photos		Normal	Photos 2020-10-6
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2020 18:07	Photos		Normal	Photos 2020-10-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2020 18:07	Photos		Normal	Photos 2020-10-6
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2020 18:06	Photos		Normal	Photos 2020-10-6

Video List

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