## Claim Handling

Accident MT/1106166						
Policy No.	5117049685	Vehicle No.	FBK6109A		GST Registration No.	
Certificate No.						
Policyholder Name	LINGESHWARAN S/O CHANDRA				Policyholder NRIC	S9234193C
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party		Loading	0
Contact No.(Mobile)	90917877	Contact No.(Office)			Contact No.(Home)	
Email Address		Special Remark			eCode	No 🕶
KFK	No	TCA	No		eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15		Private Hire	No
▼ Accident Details						
Report Date	10/10/2020 11:20	Accident Report Within 24 hrs	Yes		Accident Type	No collision
Date of Accident	18/09/2020	Time of Accident hh:mm	19:45		Country of Accident	Singapore
Reporting Centre		Orange Force			ICM No.	
Accident Location	JUNCTION OF UPPER SERANGOON RD/HOU					
<b>▼ Total Excess Applicable</b>						
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 Covered?	Not Covered
Additional Excess						
Total OD Excess Applicable	0.00	Total TP Excess Applicable		0.00		
<b>▽</b> Benefits						
	tion					
GST Registered	No		GST Registra	ation Date		
GST Registration No.			GST Status		Yes	
Modification History						
▼ Policyholder Mailing Add	ress					
Address 1	BLK 706 #09-183	Address 2	HOUGANG AVENUE	2	Address 3	SINGAPORE
Address 4		Address Type	Singapore address		Post Code	530706
Unit No.	09-183	Related Policy Number	5117049685			
▼ OI Driver Info						
Driver Name	Lingeshwaran s/o Chandra	Driver Type	Main Driver			
Unnamed driver Name	_	Driver NRIC	S9234193C		Driver DOB	17/09/1992
Register Date of Driver License	01/01/2018	Driver Age	28		Driving Experience	2
Contact No.(Mobile)	90917877	Contact No.(Office)			Contact No.(Home)	
Address 1	BLK 706 #09-183	Address 2	HOUGANG AVENUE	2	Address 3	SINGAPORE
Address 4	BER 700 #63 103	Address Type	Singapore address		Post Code	530706
Unit No.	09-183		g-p			330700
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBK6109A		Driver Insurer Company	NTUC
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No			
Modification History						
Claim 001 New						
Claim Type *				OD-MX	Insured LINGESHWARAN S/O	CHANDRA Insu
,,,,				05 11%	Name LINGESHWARAN S/O	Cont
Contact No.(Mobile)				90917877	No. NIL (Home)	No. (Offi
Email Address				LINGESHWARANSTAR@	OI	TP Vehi Num
Claim Description				FBK6109A / UNKNOWN		Nam Prefe
Preferred						Worl
Workshop	Insured Liability Not at Fa					
Rentake No. Finalisation Yes	Repair Option Preferred Workshop,	Name unknown Page Received	d 🗸		Claim	Date
Date Registered				10/10/2020 12:18	Close Date	Rece
Report Taken By				ROSLI WAHAB		
Print AK letter						
			Save Submit			
Attachment						
₩						
	NT/1105:55	OI :		04		
Accident No.	MT/1106166	Claim No.		01		
Last Doc. Received	● Yes ○ No	Upload Date	1	0/10/2020 12:18		
	Path *			Category *	Confidential Urgeno	:y *
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