

Claim Handling

Accident MT/1106310

Policy No.	5119159335	Vehicle No.	FBR6929M	GST Registrati
Certificate No.				
Policyholder Name	ATAMAN BIN ABDUL MANAF			Policyholder NI
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	93395920	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
▼ Accident Details				
Report Date	12/10/2020 15:08	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	12/10/2020	Time of Accident hh:mm	12:50	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	EXIT FROM AYE TOWARDS ALEXANDRA 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 41 #03-377	Address 2	TELOK BLANGAH RISE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-377	Related Policy Number	5119159335	
▼ OI Driver Info				
Driver Name	ATAMAN BIN ABDUL MANAF	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S69409221	Driver DOB
Register Date of Driver License	24/07/2008	Driver Age	50	Driving Experie
Contact No.(Mobile)	93395920	Contact No.(Office)		Contact No.(H
Address 1	BLK 41 #03-377	Address 2	TELOK BLANGAH RISE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-377			
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.	FBR6929M	Driver Insurer
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ☒ No	
Modification History				
Claim 001 New				

Claim Type *	OD-MX	Insured Name	AT.
Contact No.(Mobile)	92361312	Contact No. (Home)	63
Email Address		OI Vehicle Number	FBI
Claim Description	FBR6929M / SMP4392D ON 12 Oct 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	
☒ Print AK letter			

Attachment

Accident No.	MT/1106310	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	12/10/2020 15:13

Path *		Category *		Confider
Choose File	No file chosen	Clear	Please Select ▾	NO
Choose File	No file chosen	Clear	Please Select ▾	NO
Choose File	No file chosen	Clear	Please Select ▾	NO
Choose File	No file chosen	Clear	Please Select ▾	NO
Choose File	No file chosen	Clear	Please Select ▾	NO
Choose File	No file chosen	Clear	Please Select ▾	NO
Choose File	No file chosen	Clear	Please Select ▾	NO
Message Read				

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 15:13	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 15:13	Photos		Normal	Phc
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 15:12	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 15:12	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 15:12	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 15:12	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 15:12	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 15:12	SAS		Normal	S/

 Video List

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