

Claim Handling

Accident MT/1107880

Policy No.	5089362082-03	Vehicle No.	SLC6143Z	GST Registrati
Certificate No.				
Policyholder Name	RAYN1MAN SERVICES			Policyholder NI
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	97432314	Contact No.(Office)		Contact No.(Ho
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	26/10/2020 17:37	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/10/2020	Time of Accident hh:mm	22:45	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	1 FERNVALE CLOSE LUSH ACRES DROP OFF POINT			

▼ Total Excess Applicable

Excess Type	All Claims Excess	Windscreen Excess	100.00
All Claims Excess	2,000.00		
YIED All Claim Excess	0.00	Driver is Covered?	Covered
Total All Claim Excess Applicable	2,000.00		

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	26/10/2020 17:40:04 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 322A #09-899	Address 2	SUMANG WALK	Address 3
Address 4	SINGAPORE 821322	Address Type	Singapore address	Post Code
Unit No.	04-281	Related Policy Number	5089362082-03	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	MUHAMMAD TAUFIK BIN OMAR	Driver NRIC	S1792880E	Driver DOB
Register Date of Driver License	05/11/1987	Driver Age	53	Driving Experie
Contact No.(Mobile)	97432314	Contact No.(Office)		Contact No.(Ho
Address 1	BLK 322A #09-899	Address 2	SUMANG WALK	Address 3
Address 4	SINGAPORE 821322	Address Type	Singapore address	Post Code
Unit No.	09-899			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 New

Claim Type \*

OD-MX

Insured Name

RA

Contact No.(Mobile)

97432314

Contact No. (Home)

Email Address

taufikmo67@gmail.com

OI Vehicle Number

SLU

Claim Description

SLC6143Z / SHB5116L ON 23 Oct 2020

Preferred Workshop

Yes

Insured Liability

Partially at Fault

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

26/10/2020 17:44

Claim Close Date

Report Taken By

LIEW SHAN HUI

☒ Print AK letter

Save Submit

Attachment

▼

Accident No.

MT/1107880

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

26/10/2020 17:44

Path \*

Category \*

Confider

Choose File

No file chosen

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No file chosen

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No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Please Select

NO

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NO

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NO

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Oct 2020 17:44	SAS		Normal	S/
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Oct 2020 17:44	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Oct 2020 17:44	Photos		Normal	Phc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Oct 2020 17:44	Photos		Normal	Phc
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Oct 2020 17:44	Photos		Normal	Phc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Oct 2020 17:44	Photos		Normal	Phc

▼ Video List

Uploaded By/Date	Folder Date	File Name	
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