

Claim Handling

Accident MT/1107905

Policy No.	5098626697-02	Vehicle No.	FBM7281S	GST Registration No.	
Certificate No.					
Policyholder Name	CHIN KHOOK ENG			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	
Contact No.(Mobile)	98713792	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	

▼ Accident Details

Report Date	26/10/2020 19:32	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	23/10/2020	Time of Accident hh:mm	07:05	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG GUL WAY				

▼ 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 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 952 #09-721	Address 2	JURONG WEST STREET 91	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5098626697-02		

▼ OI Driver Info

Driver Name	CHIN KHOOK ENG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S2132507D	Driver DOB	
Register Date of Driver License	13/07/1978	Driver Age	76	Driving Experience	
Contact No.(Mobile)	98713792	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 952 #09-721	Address 2	JURONG WEST STREET 91	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBM7281S	Driver Insurer Comp	

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	CHIN KH
Contact No.(Mobile)	98713792	Contact No. (Home)	6791397
Email Address		OI Vehicle Number	FBM7281
Claim Description	FBM7281S / YN214E ON 23 Oct 2020		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
			26/10/2020 19:36
		Claim Close Date	

☒ Print AK letter

Save Submit

Attachment

Accident No.

MT/1107905

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

26/10/2020 19:36

Path *

Category *

Confidential

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear Please Select NO

Clear Please Select NO

Clear Please Select NO

Clear Please Select NO

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Oct 2020 19:36	NRIC/ Driving License	Y	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Oct 2020 19:36	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Oct 2020 19:36	SAS		Normal	SAS 202
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Oct 2020 19:36	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Oct 2020 19:36	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Oct 2020 19:36	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Oct 2020 19:36	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Oct 2020 19:36	Photos		Normal	Photos 20

Video List

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