

Claim Handling

Accident MT/1109243

Policy No.	5117863238	Vehicle No.	FBM485S	GST Registration No.
Certificate No.				
Policyholder Name	MUHAMMAD TAUFIQ BIN ZULKEFLI			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	91077055	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	☐ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	06/11/2020 12:45	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	06/11/2020	Time of Accident hh:mm	08:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG LOWER DELTA 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 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 812B #06-643	Address 2	CHOA CHU KANG AVENUE 7	Address 3
Address 4	SINGAPORE 682812	Address Type	Singapore address	Post Code
Unit No.	06-643	Related Policy Number	5117863238	

▼ OI Driver Info

Driver Name	MUHAMMAD TAUFIQ BIN ZULKEFLI	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8921463G	Driver DOB
Register Date of Driver License	01/11/2007	Driver Age	31	Driving Experience
Contact No.(Mobile)	91077055	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 812B #06-643	Address 2	CHOA CHU KANG AVENUE 7	Address 3
Address 4	SINGAPORE 682812	Address Type	Singapore address	Post Code
Unit No.	06-643			
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.	FBM485S	Driver Insurer Comp

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ☒ No
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Modification History

Claim 001New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Contact No. Finalisation

Date Registered

Insured Liability

Preferred Repair Option

Insured Liability

Preferred Workshop, Name unknown

GIA report

Received

OD-MX

91077055

m.taufiq.zulkefli@gmail.com

FBM485S / SJM1829H ON 6 Nov 2020

Insured Name

MUHAMMAD

Contact No. (Home)

OI Vehicle Number

FBM485S

Claim Close Date

☒ Print AK letter

Save

Submit

Attachment

▼

Accident No.

MT/1109243

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

06/11/2020 12:48

Path *

Category *

Confidential

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

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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Please Select

NO

Clear

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NO

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NO

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 06 Nov 2020 12:48	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 06 Nov 2020 12:48	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 06 Nov 2020 12:48	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 06 Nov 2020 12:48	Photos		Normal	Photos 2
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 06 Nov 2020 12:48	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 06 Nov 2020 12:48	NRIC/ Driving License	Y	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 06 Nov 2020 12:48	SAS		Normal	SAS 20

▼ Video List

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