Claim Handling

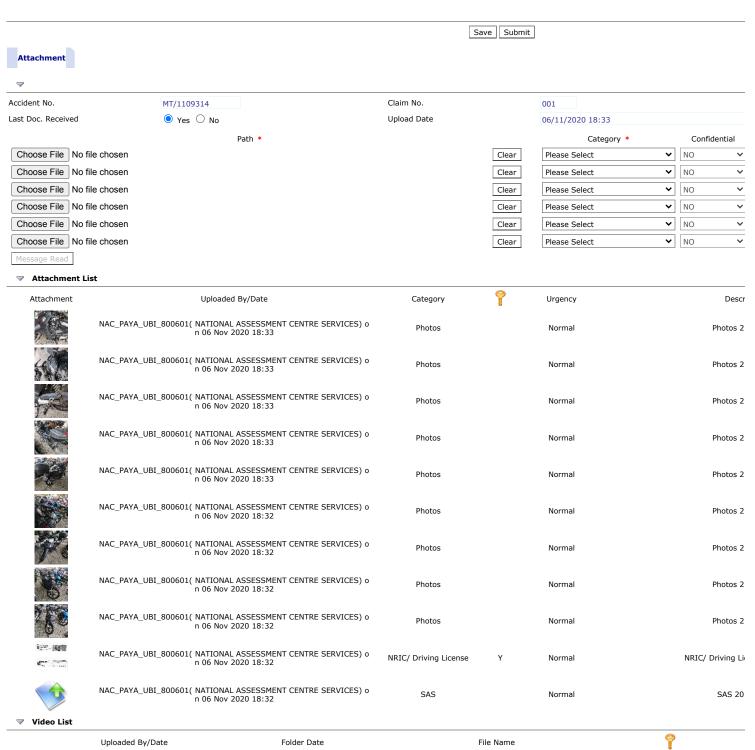
Accident MT/1109314

| | | 7 | | |
|--|------------------------------|---------------------------------------|-------------------|---|
| Policy No. Certificate No. | 5117945824 | Vehicle No. | FV767J | GST Registration No. |
| Policyholder Name | MUHAMMAD ISHAK BIN ABDUL I | RAHMAN | | Policyholder NRIC |
| Product Code | MOTORCYCLE INSURANCE | Cover Type | Third Party | Loading |
| Contact No.(Mobile) | 87840341 | Contact No.(Office) | , | Contact No.(Home) |
| 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 | 06/11/2020 18:25 | Accident Report Within | n 24 hrs Yes | Accident Type |
| Date of Accident | 05/11/2020 | Time of Accident hh:n | nm 14:35 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | SLIP RD FROM WOODLANI | DS AVE 1 TWRDS WOODLANDS AVE 2 | | |
| ▼ 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 Applic | cable | 0.00 |
| ▼ Benefits | | | | |
| ▼ GST Registered Informat | ion | | | |
| GST Registered | No | | GST Registra | ation Date |
| GST Registration No. | | | GST Status \ | /erified Yes |
| Modification History | | | | |
| | | | | |
| ▼ Policyholder Mailing Add | ress | | | |
| Address 1 | BLK 341 #06-266 | Address 2 | TAMPINES STREET 3 | 3 Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | 06-266 | Related Policy Number | r 5117945824 | |
| ▽ OI Driver Info | | | | |
| Driver Name | Muhammad Ishak Bin Abdul Rah | | Main Driver | |
| Unnamed driver Name | | Driver NRIC | S9311590B | Driver DOB |
| Register Date of Driver License | 01/01/2018 | Driver Age | 27 | Driving Experience |
| Contact No.(Mobile) | | Contact No.(Office) | | Contact No.(Home) |
| Address 1 | BLK 341 #06-266 | Address 2 | TAMPINES STREET 3 | |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | 06-266 | | | |
| Does he own a Singapore Registered car? | Yes No | Driver Vehicle No. | FV767J | Driver Insurer Compa |
| | | | | |
| Declaration | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | Yes No | |
| 3 | | | | |
| Madification History | | | | |
| Modification History | | | | |
| Claim 001 New | | | | |
| | | | | |
| | | | | |
| Claim Type * | | | | OD-MX Insured Name MUHAMM |
| Contact No (Mobile) | | | | 87840341 Contact No. |
| Contact No.(Mobile) | | | | (Home) |
| Email Address | | | | oI ishakblack93@gmail.com Vehicle FV767J |
| Email Address | | | | Number |
| Claim Description | | | | FV767J / SG5781J ON 5 Nov 2020 |
| · | | | | |
| Preferred Workshop | Insured Liability Preferered | INOL at Fault | | |
| Regulate No. Finalisation | | d Workshop, Name unknown V GIA report | Received 🗸 | Claim |
| Date Registered | | | | 06/11/2020 18:31 Close Date |

Report Taken By

ROSLI WAHAB

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