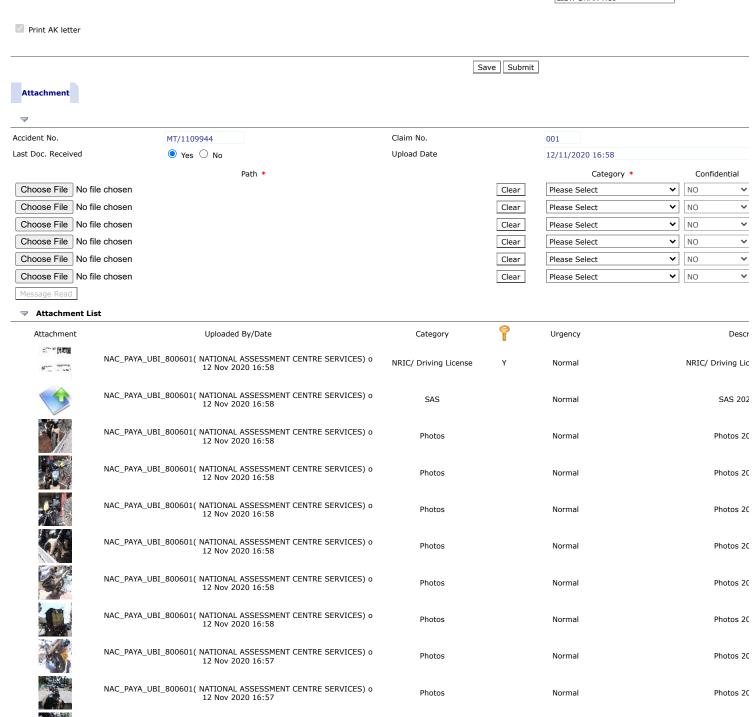
Claim Handling

Accident MT/1109944

Policy No.	5114793382-01		Vehicle No.	FBG2630H	GST Registration No.	
Certificate No.						
Policyholder Name	YEE JIA CHENG				Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE		Cover Type	Third Party	Loading	
Contact No.(Mobile)	94557008		Contact No.(Office)		Contact No.(Home)	
Email Address			Special Remark		eCode	
KFK	No Yes		TCA	No Yes	eCode Reason	
NCD Protection	tection No		NCD Entitlement(%)	0	Private Hire	
Accident Details						
Report Date	12/11/2020 16:54		Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	12/11/2020		Time of Accident hh:mm	11:25	Country of Accident	
Reporting Centre			Orange Force		ICM No.	
Accident Location	AMK ST 53 SLIP	RD INTO AMK AVE 5				
▼ 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 Informa	tion					
GST Registered	No			on Date		
GST Registration No.				GST Status Verified		
Modification History						
Policyholder Mailing Add	Iress					
Address 1	BLK 46 #07-655		Address 2	CIRCUIT ROAD	Address 3	
Address 4			Address Type	Singapore address	Post Code	
Unit No.			Related Policy Number	5114793382-01		
OI Driver Info						
Driver Name	Yee Jia Cheng		Driver Type	Main Driver		
Unnamed driver Name			Driver NRIC	S9672434I	Driver DOB	
Register Date of Driver License	06/08/2019		Driver Age	24	Driving Experience	
Contact No.(Mobile)	94557008		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 46 #07-655		Address 2	CIRCUIT ROAD	Address 3	
Address 4			Address Type	Singapore address	Post Code	
Unit No.						
Does he own a Singapore Registered car?	Yes No		Driver Vehicle No.		Driver Insurer Comp	
Registered car:						
Declaration						
Breathalyser or Blood Test	0 mg		Any injury?	Yes No		
Reading?	5g		, any angus, s	0.000.00		
Modification History						
Claim 004						
Claim 001 New						
Claim Type *				[C	DD-MX	
				Name Contact		
Contact No.(Mobile)				94	4557008 No. (Home)	
				_	OI	
Email Address				19	996JIACHENG@HOTMAIL.SG Vehicle Number FBG2630	
				_		
Claim Description				FI	BG2630H / SMD2327U ON 12 Nov 2020	
Preferred	11	Insured Liability Partially	at Fault			
Workshop Regulation Yes	Prefer Repair	ered Faitially	y at Fault y, Name unknown GIA Received Received	ı v		
Pinalisation Date Registered	Option		report report		Claim 2/11/2020 16:56 Close	
				1.	Date	

Report Taken By

LIEW SHAN HUI



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal 12 Nov 2020 16:57

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12 Nov 2020 16:57

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