

Claim Handling

Accident MT/1112354

Policy No.	5116617554	Vehicle No.	FBR1798G	GST Registration No.	
Certificate No.					
Policyholder Name	ANG LI KIAW			Policyholder NRIC	S6902965E
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	92761145	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	04/12/2020 10:35	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	29/11/2020	Time of Accident hh:mm	11:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG BKE				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
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 235 #08-25	Address 2	BUKIT PANJANG RING ROAD	Address 3	SINGAPORE 6702
Address 4		Address Type	Singapore address	Post Code	670235
Unit No.		Related Policy Number	5116617554		

▼ OI Driver Info

Driver Name	HUANG XUAN SHUO	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	T0115213G	Driver DOB	11/05/2001
Register Date of Driver License	23/02/2020	Driver Age	19	Driving Experience	0
Contact No.(Mobile)	96485284	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 235	Address 2	BUKIT PANJANG RING ROAD	Address 3	SINGAPORE 6702
Address 4		Address Type	Singapore address	Post Code	670235
Unit No.	#08-25				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	ANG LI KIAW	Insured NRIC	
Contact No.(Mobile)	92761145	Contact No. (Home)	68931525	Contact No. (Office)	
Email Address	ANGSUSAN001@GMAIL.COM	Vehicle Number	FBR1798G	TP Vehicle Number	
Claim Description	FBR1798G / SGF7190Z ON 29 Nov 2020				Name of Preferred Workshop
Preferred Workshop		Insured Liability	Fully at Fault		
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	04/12/2020 10:46	Date Received	
Report Taken By	ROSILINDA	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

12/4/2020

Claim Handling(accident reporting Claim Task 001 OD-MX)

Last Doc. Received

Yes

No

Upload Date

04/12/2020 00:00

Path *

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2020 10:45	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2020 10:45	SAS		Normal	SAS 2020-12-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2020 10:45	Photos		Normal	Photos 2020-12-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2020 10:45	Photos		Normal	Photos 2020-12-4
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2020 10:43	Photos		Normal	Photos 2020-12-4
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2020 10:43	Photos		Normal	Photos 2020-12-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2020 10:43	Photos		Normal	Photos 2020-12-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2020 10:43	Photos		Normal	Photos 2020-12-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2020 10:43	Photos		Normal	Photos 2020-12-4

Video List

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