

Claim Handling

Accident MT/1112440

Policy No.	5116731273	Vehicle No.	FBL8387U	GST Registration No.
Certificate No.				
Policyholder Name	SUFianto BIN SALLEH			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	91719446	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(%)	20	Private Hire

Accident Details

Report Date	04/12/2020 16:29	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	01/12/2020	Time of Accident hh:mm	20:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	SLE AFTER MANDAI EXIT			

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 173 #02-1455	Address 2	HOUGANG AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5116731273	

OI Driver Info

Driver Name	SUFianto BIN SALLEH	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9305007Z	Driver DOB
Register Date of Driver License	13/03/2017	Driver Age	27	Driving Experience
Contact No.(Mobile)	91719446	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 173 #02-1455	Address 2	HOUGANG AVENUE 1	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.	FBL8387U	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	SUFianto
Contact No.(Mobile)		Contact No. (Home)	
Email Address		Vehicle Number	FBL8387U
Claim Description	FBL8387U / GBF539L ON 1 Dec 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
			04/12/2020 16:35
		Claim Close Date	

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Save

Submit

Attachment

▼

Accident No. MT/1112440

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 04/12/2020 16:35

Path \*

Category \*

Confidential

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No file chosen

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Message Read

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▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2020 16:35	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2020 16:35	Photos		Normal	Photos 2
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2020 16:35	SAS		Normal	SAS 20

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Uploaded By/Date	Folder Date	File Name	
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