## **Claim Handling**

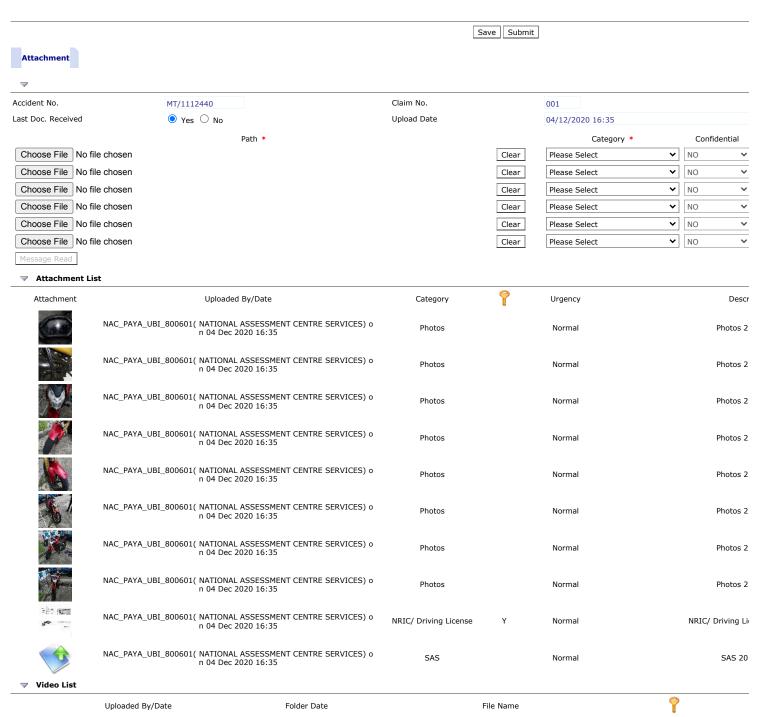
## Accident MT/1112440

Policy No. Certificate No.	5116731273		Vehicle No.	FBL8387U	GST Registration No.	
Policyholder Name	SUFIANTO BIN SA	LLEH			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	No  Yes		TCA	TCA No Yes		
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 MANDA	AI EXIT				
<b>▼ Total Excess Applicable</b>						
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						
<b>▽ GST Registered Informat</b>						
GST Registered GST Registration No.	No			GST Registration Date  GST Status Verified		
Modification History				GST Status Verified	Yes	
Productation Firstory						
▼ Policyholder Mailing Add	ress					
Address 1	BLK 173 #02-145	5	Address 2	HOUGANG AVENUE 1	Address 3	
Address 4			Address Type		ingapore address Post Code	
Unit No.			Related Policy Number	5116731273		
▼ OI Driver Info						
Driver Name	SUFIANTO BIN SA	LLEH	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?	Yes No		Driver Vehicle No.	FBL8387U	Driver Insurer Comp	
Registered car.						
Declaration						
Breathalyser or Blood Test	0 mg		Any injury?	Yes No		
Reading?	J		, , ,			
Modification History						
Claim 001 New						
Claim Type *				OD-N	1X Insured Name SUFIANT	
Contact No (Mobile)					Contact	
Contact No.(Mobile)					No (Home)	
Email Address					OI Vehicle FBL8387	
· · · · · · · · · · · · · · · · · · ·					Number	
Claim Description				FBL83	387U / GBF539L ON 1 Dec 2020	
Preferred						
Workshop	Prefer <b>e</b> r	eu	dat Fault			
Require No. Yes	✓ Repair Option	Preferred Works	shop, Name unknown		Claim	
Date Registered				04/12	2/2020 16:35 Close Date	

Report Taken By

ROSLI WAHAB

Print AK letter



Display in New Window

Scan and uploading