

Claim Handling

Accident MT/1112711

Policy No.	5114054326	Vehicle No.	FBD2489R	GST Registration No.
Certificate No.				
Policyholder Name	KOH KOK WING			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	92383309	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" 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	07/12/2020 17:50	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	28/11/2020	Time of Accident hh:mm	10:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JALAN ANAK BUKITkit			

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 485 #06-506	Address 2	SEGAR ROAD	Address 3
Address 4	SINGAPORE 670485	Address Type	Singapore address	Post Code
Unit No.	06-506	Related Policy Number	5114054326-01	

OI Driver Info

Driver Name	KOH KOK WING	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8268386J	Driver DOB
Register Date of Driver License	27/03/2006	Driver Age	38	Driving Experience
Contact No.(Mobile)	92383309	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 485 #06-506	Address 2	SEGAR ROAD	Address 3
Address 4	SINGAPORE 670485	Address Type	Singapore address	Post Code
Unit No.	06-506			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBD2489R	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	KOH KOK
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	FBD2489
Claim Description	FBD2489R / SKJ5102Z ON 28 Nov 2020		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
			07/12/2020 17:57
		Claim Close Date	

☒ Print AK letter

Save

Submit

Attachment

▼

Accident No.

MT/1112711

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

07/12/2020 17:58

Path *

Category *

Confidential

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

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NO

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No file chosen

Clear

Please Select

NO

Message Read

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2020 17:58	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2020 17:58	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2020 17:58	Photos		Normal	Photos 2
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2020 17:57	NRIC/ Driving License	Y	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2020 17:57	SAS		Normal	SAS 20

▼ Video List

Uploaded By/Date	Folder Date	File Name	
		<div>Display in New Window</div> <div>Scan and uploading</div>	