Claim Handling

Task Transfer | Exit

LOS SAL SUB

Accident MT/1111734

Policy No.	5117519744	Vehicle No.	FBM9774Z	GST Registration No.	
Certificate No.					
Policyholder Name	NEO EUGENE			Policyholder NRIC	S9008831I
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	30/11/2020 15:42	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	29/11/2020	Time of Accident hh:mm	20:40	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTF	Orange Force	No	ICM No.	
Accident Location	HOUGANG AVENUE 5				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	500.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess					
Total OD Excess Applicable	500.00	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 278C #11-569	Address 2	COMPASSVALE BOW	Address 3	COMPASSVALE HELM
Address 4	SINGAPORE 543278	Address Type	Singapore address	Post Code	543278
Unit No.	11-569	Related Policy Number	5117519744		

OI Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Modification History					

Investigation

Claim 002 OD-MD

Claim Case Officer Ng Hak Joo

Claim Type	OD-MD	Insured Name	NEO EUGENE	Insured NRIC	S9008831I
Contact No.(Mobile)	82825203	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		OI Vehicle Number	FBM9774Z	TP Vehicle Number	SMU2085C
Claim Description	FBM9774Z / SMU2085C ON 29 Nov 2020			Name of Preferred Workshop	MOTOR SPORT P
Preferred Workshop Contact No.	67496717				
Require Finalisation	Yes	Preferered Repair Option		Preferred Workshop (refer below)	
GIA report		Insured Liability		Fully at Fault	
Received					
Date Registered	10/12/2020 15:19	Claim Close Date		Date Received	10/12/2020 15:!
Report Taken By	LIEW SHAN HUI	Workshop Repairer		Total Loss but Repaired	
Print AK letter				OD Excess Collected by Workshop	

Modification History

Special Claim Creation Approval

Approval		Reason	
Remarks			

damage assessment | Attachment

Vehicle Info

Vehicle Make	KYMCO	Vehicle Model	OTHERS	Engine Capcity	
Date of Registration	02/06/2018	Classis No.	RFBE10000J1600128		
Towing Required *	(•) Yes ( ) No	Vehicle in IDAC *	(•) Yes ( ) No	Parallel Import *	( ) Yes (•) No
Type of Tender *	Own Damage	Assessor Name *	BRYAN	Survey Current Status	
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTF	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA		
Windscreen Parts & Labour Cost		Total Loss *	( ) Yes (•) No		
Market Value($)		Scrape Value($)		Economical Repair Value($)	

Remark: REMARK:NO OF REPAIR DAYS:3 DAYS.1X STEP PANEL LH - REPLACE.1X REAR LH PANEL - REPLACE.1X LH ENGINE COVER - REPLACE.1X LH CENTRE LOWER PANEL - REPLACE.1X LOWER GARNISH - REPLACE.1X LH SIDE FRT PANEL - REPLACE.1X LH SIDE FRONT TOP PANEL - REPLACE.1X RH SIDE FRONT TOP PANEL - REPLACE.1X FRT CENTRE PANEL(CHRO FRT HEADLAMP - REPLACE.1X RH CENTRE PANEL - REPLACE.1X LH BRAKE COVER - REPLACE.1X LH SIDE MIRROR - REPLACE.

Remark for Supplementary

Damage Listing

Find a Part

- root
  - Not Applicable
  - ABS
  - ABSORBER
  - ACCELERATOR
  - ACTUATOR
  - ADVERTISEMENT STICKER
  - AIR BAG
  - AIR BLOWER
  - AIR BOX
  - AIR CHAMBER BOX
  - AIR CLEANER
  - AIR COMPRESSOR
  - AIR CON
  - AIR CON (VAN)
  - AIR COOLER
  - AIR DISTRIBUTOR
  - AIR FILTER
  - AIR FLOW
  - AIR GRILLE
  - AIR HORN

No.	Part No.	Description	Qty *	Repair Code *
1	361001	SEAT (M/C)	1	Replace
2	15100102	BOX (M/C) (REAR)	1	Replace
3	38500201	SIGNAL LAMP (FRONT LEFT)	1	Replace
4	38500202	SIGNAL LAMP (FRONT RIGHT)	1	Replace

Save Submit