

Claim Handling

Accident MT/1115460

Policy No.	5109704471-01	Vehicle No.	FF397C	GST Registration No.	
Certificate No.					
Policyholder Name	MOHAMMED KHAIRI BIN SALLEH			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	90051459	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	29/12/2020 16:35	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	23/12/2020	Time of Accident hh:mm	12:20	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TOWARDS KPE/ECP				

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 755 #06-46	Address 2	JURONG WEST STREET 74	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5109704471-01		

OI Driver Info

Driver Name	MOHAMMED KHAIRI BIN SALLEH	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8635329F	Driver DOB	
Register Date of Driver License	04/04/2005	Driver Age	34	Driving Experience	
Contact No.(Mobile)	90051459	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 755 #06-46	Address 2	JURONG WEST STREET 74	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.	FF397C	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

Modification History	
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Claim 001 New

Claim Type *	OD-MX	Insured Name	MOHAMM
Contact No.(Mobile)	90051459	Contact No. (Home)	NIL
Email Address	khairi78@hotmail.com	OI Vehicle Number	FF397C
Claim Description	FF397C / PC3159B ON 23 Dec 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	29/12/2020 17:39	GIA report	Received
		Claim Close Date	

Report Taken By

ROSLI WAHAB

Print AK letter

Attachment

Accident No.	<input type="text" value="MT/1115460"/>	Claim No.	<input type="text" value="001"/>
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	<input type="text" value="29/12/2020 17:44"/>

Path *		Category *		Confidential
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Message Read"/>				

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Dec 2020 17:44	Photos		Normal	Photos 2C
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Dec 2020 17:44	Photos		Normal	Photos 2C
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Dec 2020 17:44	Photos		Normal	Photos 2C
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Dec 2020 17:43	Photos		Normal	Photos 2C
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Dec 2020 17:43	Photos		Normal	Photos 2C
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Dec 2020 17:43	Photos		Normal	Photos 2C
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Dec 2020 17:42	Photos		Normal	Photos 2C
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Dec 2020 17:42	Photos		Normal	Photos 2C
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Dec 2020 17:42	Photos		Normal	Photos 2C
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Dec 2020 17:40	Photos	Normal	Photos 20
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Dec 2020 17:40	Photos	Normal	Photos 20
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Dec 2020 17:40	NRIC/ Driving License	Y	NRIC/ Driving Lic
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Dec 2020 17:40	SAS	Normal	SAS 202

Video List

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