

Claim Handling

Task Transfer

Exit

Accident MT/1115371

LOS

SAL

SUB

Policy No.	5111520565-01	Vehicle No.	FBQ1006P	GST Registration No.	
Certificate No.					
Policyholder Name	ABDUL HALIM BIN ABU BAKAR			Policyholder NRIC	S9027995E
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	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	29/12/2020 12:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	24/12/2020	Time of Accident hh:mm	13:25	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	No	ICM No.	
Accident Location	BKE				

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?	Not 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 694A #09-12	Address 2	WOODLANDS DRIVE 62	Address 3	ADMIRALTY GROVE
Address 4	SINGAPORE 731694	Address Type	Singapore address	Post Code	731694
Unit No.	09-12	Related Policy Number	5111520565-01		

OI Driver Info

Driver Name	ABDUL HALIM BIN ABU BAKAR	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9027995E	Driver DOB	13/08/1990
Register Date of Driver License	29/12/2010	Driver Age	30	Driving Experience	9
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 694A #09-12	Address 2	WOODLANDS DRIVE 62	Address 3	ADMIRALTY GROVE
Address 4	SINGAPORE 731694	Address Type	Singapore address	Post Code	731694
Unit No.	09-12				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ☒ No
Modification History	15/01/2021 08:52 s025755 Modify Time of Accident(12:00-->13:25) 15/01/2021 08:52 s025755 Modify Accident Type(Collision - Head to Rear-->Collision - Change / Cross lane) 15/01/2021 08:52 s025755 Modify Driver Name(-->ABDUL HALIM BIN ABU BAKAR)		

Investigation

Claim 002 OD-MX

New

Claim Case Officer

Claim Type	OD-MX	Insured Name	ABDUL HALIM BIN ABU BAKAR	Insured NRIC	S9027
Contact No.(Mobile)	91593320	Contact No.(Home)	65230469	Contact No.(Office)	
Email Address	ABDULHALIM9092@GMAIL.COM	OI Vehicle Number	FBQ1006P	TP Vehicle Number	GBJ35
Claim Description	FBQ1006P / GBJ3516H ON 24 Dec 2020			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured at Fault			
Preferred Repair Option		Insured Liability report			
Preferred Workshop Name		Not at Fault			
Workshop Finalisation Date Registered	14/01/2021 17:43	Claim Close Date		Date Received	14/01/
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

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