

Claim Handling

Accident MT/1118305

Policy No.	<input type="text" value="0089135802-17"/>	Vehicle No.	<input type="text" value="FV2384S"/>	GST Registration No.	
Certificate No.	<input type="text"/>				
Policyholder Name	LIM GEOK WAH			Policyholder NRIC	
Product Code	<input type="text" value="MOTORCYCLE INSURANCE"/>	Cover Type	<input type="text" value="Third Party"/>	Loading	
Contact No.(Mobile)	<input type="text" value="97927764"/>	Contact No.(Office)	<input type="text"/>	Contact No.(Home)	
Email Address	<input type="text"/>	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	<input type="text" value="No"/>	NCD Entitlement(%)	<input type="text" value="20"/>	Private Hire	

▼ **Accident Details**

Report Date	<input type="text" value="22/01/2021 12:40"/>	Accident Report Within 24 hrs	<input checked="" type="radio"/> Yes	Accident Type	
Date of Accident	<input type="text" value="18/11/2020"/>	Time of Accident hh:mm	<input type="text" value="04:44"/>	Country of Accident	
Reporting Centre	<input type="text"/>	Orange Force		ICM No.	
Accident Location	<input type="text" value="TPE"/>				

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	<input type="text" value="0.00"/>		
OD Standard Excess	<input type="text" value="0.00"/>	TP Standard Excess	<input type="text" value="0.00"/>		
YIED OD Excess	<input type="text" value="0.00"/>	YIED TP Excess	<input type="text" value="0.00"/>	Driver is Covered?	
Additional Excess	<input type="text"/>				
Total OD Excess Applicable	<input type="text" value="0.00"/>	Total TP Excess Applicable	<input type="text" value="0.00"/>		

▼ **Benefits**

▼ **GST Registered Information**

GST Registered	<input type="text" value="No"/>	GST Registration Date	<input type="text"/>
GST Registration No.	<input type="text"/>	GST Status Verified	<input checked="" type="radio"/> Yes
Modification History	<input type="text"/>		

▼ **Policyholder Mailing Address**

Address 1	<input type="text" value="BLK 221B #10-31"/>	Address 2	<input type="text" value="SUMANG LANE"/>	Address 3	
Address 4	<input type="text" value="SINGAPORE 822221"/>	Address Type	<input type="text" value="Singapore address"/>	Post Code	
Unit No.	<input type="text"/>	Related Policy Number	<input type="text" value="0089135802-17"/>		

▼ **OI Driver Info**

Driver Name	LIM GEOK WAH	Driver Type	Main Driver		
Unnamed driver Name	<input type="text"/>	Driver NRIC	<input type="text" value="S0103591F"/>	Driver DOB	
Register Date of Driver License	<input type="text" value="01/01/2001"/>	Driver Age	<input type="text" value="68"/>	Driving Experience	
Contact No.(Mobile)	<input type="text" value="97927764"/>	Contact No.(Office)	<input type="text"/>	Contact No.(Home)	
Address 1	<input type="text" value="BLK 221B #10-31"/>	Address 2	<input type="text" value="SUMANG LANE"/>	Address 3	
Address 4	<input type="text" value="SINGAPORE 822221"/>	Address Type	<input type="text" value="Singapore address"/>	Post Code	
Unit No.	<input type="text"/>				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	<input type="text" value="FV2384S"/>	Driver Insurer Comp	

Declaration

Breathalyser or Blood Test Reading?	<input type="text" value="0 mg"/>	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX New

Claim Type *	<input type="text" value="OD-MX"/>	Insured Name	<input type="text" value="LIM GEOK WAH"/>
Contact No.(Mobile)	<input type="text" value="NIL"/>	Contact No. (Home)	<input type="text" value="627815"/>
Email Address	<input type="text"/>	OI Vehicle Number	<input type="text" value="FV2384"/>
Claim Description	<input type="text" value="FV2384S / SHD1496E ON 18 Nov 2020"/>		
Preferred Workshop	<input type="text"/>	Insured Liability	<input type="text" value="Not at Fault"/>
Contact No. Finalisation	<input type="text" value="Yes"/>	Preferred Repair Option	<input type="text" value="Preferred Workshop, Name unknown"/>
Date Registered	<input type="text" value="22/01/2021 12:56"/>	GIA report	<input type="text" value="Received"/>
		Claim Close Date	<input type="text"/>



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jan 2021 12:52

Photos

Normal

Photos

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jan 2021 12:52

Photos

Normal

Photos

Video List

Uploaded By/Date	Folder Date	File Name	
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