

Claim Handling

Accident MT/1118854

Policy No.	5075893556-05	Vehicle No.	FX1570S	GST Registration No.	
Certificate No.					
Policyholder Name	LAM FOCK LONG (LIN FULONG)			Policyholder NRIC	S7135314A
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	96443393	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
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	No

Accident Details

Report Date	26/01/2021 17:50	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	07/01/2021	Time of Accident hh:mm	19:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	EAST COAST ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
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 138 #08-112	Address 2	EDGE DALE PLAINS	Address 3	SINGAPORE 820138
Address 4		Address Type	Singapore address	Post Code	820138
Unit No.		Related Policy Number	5075893556-05		

OI Driver Info

Driver Name	LAM FOCK LONG (LIN FULONG)	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7135314A	Driver DOB	12/10/1971
Register Date of Driver License	29/03/2006	Driver Age	49	Driving Experience	14
Contact No.(Mobile)	96443393	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 138	Address 2	EDGE DALE PLAINS	Address 3	SINGAPORE 820138
Address 4		Address Type	Singapore address	Post Code	820138
Unit No.	#08-112				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	LAM FOCK LONG (LIN FULONG)	Insured NRIC	
Contact No.(Mobile)	96443393	Contact No.(Home)		Contact No.(Office)	
Email Address	JAMESLAM11@GMAIL.COM	OI Vehicle Number	FX1570S	TP Vehicle Number	
Claim Description	FX1570S / SGD8229B ON 7 Jan 2021				
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	26/01/2021 17:55	Date Received	
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Save Submit

Attachment

Accident No. MT/1118854 Claim No. 001

Last Doc. Received

Yes No

Upload Date

26/01/2021 00:00

Path *

- No file chosen

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Category *	Confidential	Urgency *
Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2021 17:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2021 17:55	SAS		Normal	SAS 2021-1-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2021 17:55	Photos		Normal	Photos 2021-1-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2021 17:54	Photos		Normal	Photos 2021-1-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2021 17:54	Photos		Normal	Photos 2021-1-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2021 17:54	Photos		Normal	Photos 2021-1-26
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2021 17:54	Photos		Normal	Photos 2021-1-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2021 17:54	Photos		Normal	Photos 2021-1-26

Video List

Uploaded By/Date	Folder Date	File Name		Source
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