Claim Handling → Task Transfer → Exit Accident MT/1112927 LOS SAL SUB Vehicle No. GST Registration No. Policy No. 5110679836-01 FBR4002A Certificate No. Policyholder Name MOHAMMAD FIROZ BIN MOHAMAD NOOR Policyholder NRIC S8027615Z Product Code MOTORCYCLE INSURANCE Cover Type Third Party, Fire & Theft Loading 0 Contact No.(Mobile) 92279869 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode No 🗸 KFK No Yes TCA eCode Reason NCD Protection NCD Entitlement(%) Private Hire No 20 No Accident Details Accident Report Within Report Date 09/12/2020 12:21 Yes Accident Type Collision - U-Turn 24 hrs 06/12/2020 Time of Accident hh:mm 10:10 Date of Accident Country of Accident Singapore Reporting Centre NATIONAL ASSESSMENT CENTF Orange Force No ICM No. ALONG MAKEPEACE ROAD Accident Location ▼ Total Excess Applicable Excess Type Per Accident Windscreen Excess 0.00 0.00 **OD Standard Excess** TP Standard Excess YIED OD Excess 0.00 YIED TP Excess 0.00 Driver is Covered? Not Covered Additional Excess Total OD Excess Total TP Excess 0.00 0.00 Applicable Applicable GST Registered Information **GST** Registered GST Registration Date GST Registration No. **GST Status Verified** Modification History Policyholder Mailing Address Address 2 Address 3 Address 1 BLK 422 #06-1059 JURONG WEST STREET 42 SINGAPORE 640422 Address 4 Post Code Address Type Singapore address 640422 Related Policy Number Unit No. 06-1059 5110679836-01 OI Driver Info MOHAMMAD FIROZ BIN MOHAMAD NOOR Driver Name Driver Type Main Driver Unnamed driver Name Driver NRIC Driver DOB S80276157 17/09/1980 Register Date of Driver 12/02/2001 Driver Age 40 Driving Experience 19 Contact No.(Mobile) 92279869 Contact No.(Office) Contact No.(Home) Address 1 BLK 422 #06-1059 Address 2 JURONG WEST STREET 42 Address 3 SINGAPORE 640422 Address 4 Address Type Singapore address Post Code 640422 Unit No. 06-1059 Does he own a Singapore Registered Yes No Driver Vehicle No. Driver Insurer Company Declaration Breathalyser or Blood 0 mg Any injury? Yes No Test Reading? Modification History Investigation Claim 002 OD-MX New Case Officer Claim OD-MX S8027 Claim Type Insured Name MOHAMMAD FIROZ BIN MOHAM Insured NRIC Contact No.(Mobile) 92230719 Contact No.(Home) 65620152 Contact No.(Office) Email Address fir_17@hotmail.com OI Vehicle Number FBR4002A TP Vehicle Number SLL88 Name of Preferred Claim Description FBR4002A / SLL8839A ON 6 Dec 2020 Workshop Preferred Preferred Insured Partially Workshop Workshop, Lightlity Preferered at Fault Received Require Finalisation Yes Repair Name report Option unknown Date Registered 04/02/2021 10:50 Claim Close Date Date Received 04/02, Report Taken By Workshop Repairer Total Loss but ROSLI WAHAB

Repaired

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