

Claim Handling

Accident MT/1115887

Policy No.	5111214777-01	Vehicle No.	FBM1117Z	GST Registration No.	
Certificate No.					
Policyholder Name	RAVINDRAN MUNIANDY S/O MARIMUTHU			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		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	No	NCD Entitlement(%)	20	Private Hire	

Accident Details

Report Date	04/01/2021 12:03	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	31/12/2020	Time of Accident hh:mm	17:57	Country of Accident	
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	MOUNT PLEASANT FLYOVER				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		Driver is Covered?	
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess			
Additional Excess		Total TP Excess Applicable	0.00		
Total OD 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	4 JALAN PESAWAT	Address 2	SINGAPORE 619362	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5111214777-01		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp:	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	RAVINDR
Contact No.(Mobile)		Contact No.(Home)	NIL
Email Address	EFFERALCOMMBIZ@GMAIL.COM	OI Vehicle Number	FBM1117
Claim Description	FBM1117Z / SMA9478L ON 31 Dec 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	29/01/2021 16:45
<input checked="" type="checkbox"/> Print AK letter			LIEW SHAN HUI

Save Submit

Attachment

Accident No. MT/1115887 Claim No. 002
Last Doc. Received Yes No Upload Date 29/01/2021 16:45

Form with fields for Path, Category, and Confidentiality, including 'Choose File' buttons and dropdown menus.

Attachment List

Table with columns: Attachment, Uploaded By/Date, Category, Urgency, and Descr. Contains 8 rows of attachment details.

Video List

Table with columns: Uploaded By/Date, Folder Date, File Name. Includes buttons for 'Display in New Window' and 'Scan and uploading'.