

Claim Handling

Accident MT/1120070

Policy No.	5097112603-03	Vehicle No.	FBC2238D	GST Registration No.	
Certificate No.					
Policyholder Name	SAIFUL MUHAMMAD SYAFIQ BIN SHAIFUL AZHAR			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	91149357	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	

▼ Accident Details

Report Date	05/02/2021 10:34	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	02/02/2021	Time of Accident hh:mm	22:15	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE NEAR LAMP POST 937				

▼ 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?	
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 286A #05-44	Address 2	TOH GUAN ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	05-44	Related Policy Number	5097112603-03		

▼ OI Driver Info

Driver Name	Saiful Muhammad Syafiq Bin Shaiful Azhar	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8906191A	Driver DOB	
Register Date of Driver License	01/01/2016	Driver Age	31	Driving Experience	
Contact No.(Mobile)	91149357	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 286A #05-44	Address 2	TOH GUAN ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	05-44				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.	FBC2238D	Driver Insurer Comp	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ☒ No
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Modification History

Claim 001New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Contact No. Finalisation

Date Registered

Insured Liability

Preferred Repair Option

GIA report

Received

05/02/2021 10:42

Claim Close Date

OD-MX

Insured Name

SAIFUL M

91149357

Contact No. (Home)

SAIFULSYAFIQ23@HOTMAIL.CC

OI Vehicle Number

FBC2238

FBC2238D / UNKNOWN CAR ON 2 Feb 2021

Not at Fault

Preferred Workshop, Name unknown

Received

Video List

Uploaded By/Date	Folder Date	File Name	
		Display in New Window	Scan and uploading