

Claim Handling

Accident MT/1120161

Policy No.	<input type="text" value="5097995335-02"/>	Vehicle No.	<input type="text" value="FBM6958E"/>	GST Registration No.	
Certificate No.	<input type="text"/>				
Policyholder Name	<input type="text" value="MUHAMMAD NAZHRUL BIN MD ISMAIL"/>			Policyholder NRIC	
Product Code	<input type="text" value="MOTORCYCLE INSURANCE"/>	Cover Type	<input type="text" value="Third Party, Fire & Theft"/>	Loading	
Contact No.(Mobile)	<input type="text" value="87484407"/>	Contact No.(Office)	<input type="text"/>	Contact No.(Home)	
Email Address	<input type="text"/>	Special Remark	<input type="text"/>		
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
NCD Protection	<input type="text" value="No"/>	NCD Entitlement(%)	<input type="text" value="15"/>	eCode Reason	
				Private Hire	

▼ **Accident Details**

Report Date	<input type="text" value="05/02/2021 17:34"/>	Accident Report Within 24 hrs	<input checked="" type="radio"/> Yes	Accident Type	
Date of Accident	<input type="text" value="04/02/2021"/>	Time of Accident hh:mm	<input type="text" value="00:25"/>	Country of Accident	
Reporting Centre	<input type="text"/>	Orange Force		ICM No.	
Accident Location	<input type="text" value="BEDOK NORTH STREET 3"/>				

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	<input type="text"/>	
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 532 #04-724"/>	Address 2	<input type="text" value="BEDOK NORTH STREET 3"/>	Address 3	
Address 4	<input type="text"/>	Address Type	<input type="text" value="Singapore address"/>	Post Code	
Unit No.	<input type="text"/>	Related Policy Number	<input type="text" value="5120300642"/>		

▼ **OI Driver Info**

Driver Name	<input type="text" value="MUHAMMAD NIZAM BIN MD ISMAIL"/>	Driver Type	<input type="text" value="Named Driver"/>	
Unnamed driver Name	<input type="text"/>	Driver NRIC	<input type="text" value="S9109564E"/>	Driver DOB
Register Date of Driver License	<input type="text" value="15/07/2019"/>	Driver Age	<input type="text" value="29"/>	Driving Experience
Contact No.(Mobile)	<input type="text" value="84485864"/>	Contact No.(Office)	<input type="text"/>	Contact No.(Home)
Address 1	<input type="text"/>	Address 2	<input type="text"/>	Address 3
Address 4	<input type="text"/>	Address Type	<input type="text" value="Foreign 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="FBM6958E"/>	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 New

Claim Type *	<input type="text" value="OD-MX"/>	Insured Name	<input type="text" value="MUHAMMAD NAZHRUL BIN MD ISMAIL"/>
Contact No.(Mobile)	<input type="text" value="87484407"/>	Contact No. (Home)	<input type="text"/>
Email Address	<input type="text" value="INAZHRUL93@GMAIL.COM"/>	OI Vehicle Number	<input type="text" value="FBM6958"/>
Claim Description	<input type="text" value="FBM6958E / SLR3379D ON 4 Feb 2021"/>		
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="05/02/2021 17:41"/>	GIA report	<input type="text" value="Received"/>
		Claim Close Date	<input type="text"/>

