

Claim Handling

Accident MT/1120470

Policy No.	5119298220	Vehicle No.	FBD923S	GST Registration No.	
Certificate No.					
Policyholder Name	DARREN LAM KANG JUN			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	
Contact No.(Mobile)	98781611	Contact No.(Office)		Contact No.(Home)	
Email Address	DARRENLAM.KJ@GMAIL.COM	Special Remark		eCode	
KFK	☐ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	

▼ Accident Details

Report Date	08/02/2021 18:44	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	05/02/2021	Time of Accident hh:mm	22:32	Country of Accident	
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	Sengkang E Drive				

▼ 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 184B #16-179	Address 2	RIVERVALE CRESCENT	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	05-45	Related Policy Number	5119298220		

▼ OI Driver Info

Driver Name	DARREN LAM KANG JUN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9814857D	Driver DOB	
Register Date of Driver License	01/01/2017	Driver Age	22	Driving Experience	
Contact No.(Mobile)	98781611	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 184B #16-179	Address 2	RIVERVALE CRESCENT	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	05-45				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Comp	

Declaration

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

Claim 002

New

Claim Type *	OD-MX	Insured Name	DARREN
Contact No.(Mobile)	98781611	Contact No. (Home)	6292593
Email Address	DARRENLAM.KJ@GMAIL.COM	OI Vehicle Number	FBD923S
Claim Description	FBD923S / SHD9609U ON 5 Feb 2021		
Preferred Workshop		Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
			08/02/2021 19:43
		Claim Close Date	

☒ Print AK letter

Save Submit

Attachment

Accident No.

MT/1120470

Claim No.

002

Last Doc. Received

☒ Yes ☐ No

Upload Date

08/02/2021 19:44

Path *

Category *

Confidential

Choose File No file chosen

Clear Please Select NO

Choose File No file chosen

Clear Please Select NO

Choose File No file chosen

Clear Please Select NO

Choose File No file chosen

Clear Please Select NO

Choose File No file chosen

Clear Please Select NO

Choose File No file chosen

Clear Please Select NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Feb 2021 19:44	NRIC/ Driving License	Y	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Feb 2021 19:43	SAS		Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Feb 2021 19:43	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Feb 2021 19:43	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Feb 2021 19:43	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Feb 2021 19:43	Photos		Normal	Photos 2
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Feb 2021 19:43	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Feb 2021 19:43	Photos		Normal	Photos 2

Video List

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