

Claim Handling

Task Transfer

Exit

LOS

SAL

SUB

▼ Accident MT/1120437

Policy No.5113134585-01

Certificate No.

Policyholder NameADY SURIADDY BIN ROSMAN

Product CodeMOTORCYCLE INSURANCE

Contact No.(Mobile)88217951

Email Address

KFK☐ No ☐ Yes

NCD ProtectionNo

Vehicle No.FBQ4453L

Cover TypeThird Party, Fire & Theft

Contact No.(Office)

Special Remark

TCA☐ No ☐ Yes

NCD Entitlement(%)10

GST Registration No.

Policyholder NRICS9624173I

Loading0

Contact No.(Home)

eCodeNo ▾

eCode Reason

Private HireNo

▼ Accident Details

Report Date08/02/2021 17:34

Date of Accident08/02/2021

Reporting CentreNATIONAL ASSESSMENT CENTRE

Accident LocationSTEVENS ROAD

Accident Report Within 24 hrsYes

Time of Accident hh:mm12:20

Orange ForceNo

Accident TypeCollision - Head to Rear

Country of AccidentSingapore

ICM No.

▼ Total Excess Applicable

Excess TypePer Accident

Windscreen Excess

OD Standard Excess0.00

YIED OD Excess0.00

Additional Excess

Total OD Excess Applicable0.00

TP Standard Excess0.00

YIED TP Excess0.00

Total TP Excess Applicable0.00

Driver is Covered?

Not Covered

▼ Benefits

▼ GST Registered Information

GST RegisteredNo

GST Registration No.

Modification History

GST Registration Date

GST Status VerifiedYes

▼ Policyholder Mailing Address

Address 1BLK 431C #07-579

Address 2YISHUN AVENUE 1

Address 3VISTA SPRING @ YISHUN

Address 4SINGAPORE 763431

Address TypeSingapore address

Post Code763431

Unit No.07-579

Related Policy Number5113134585-01

▼ OI Driver Info

Driver NameADY SURIADDY BIN ROSMAN

Unnamed driver Name

Register Date of Driver License25/02/2016

Contact No.(Mobile)88217951

Address 1BLK 431C #07-579

Address 4SINGAPORE 763431

Unit No.07-579

Does he own a Singapore Registered car?☐ Yes ☒ No

Driver TypeMain Driver

Driver NRICS9624173I

Driver Age24

Contact No.(Office)

Address 2YISHUN AVENUE 1

Address TypeSingapore address

Driver Vehicle No.FBQ4453L

Driver DOB14/07/1996

Driving Experience4

Contact No.(Home)

Address 3VISTA SPRING @ YISHUN

Post Code763431

Driver Insurer CompanyNTUC

▼ Declaration

Breathalyser or Blood Test Reading?0 mg

Any injury?☐ Yes ☒ No

Modification History

▼ Investigation

Claim 001 OD-MX

New

▼ Claim Case Officer

Claim TypeOD-MX

Contact No.(Mobile)88217951

Email AddressADYSURIADDYROSMAN@GMAIL

Claim DescriptionFBQ4453L / SMR5508X ON 8 Feb 2021

Preferred Workshop Contact No.

Preferred Repair Option

Preferred Workshop, Name unknown

Insured Liability report

Not at Fault Received

Insured NameADY SURIADDY BIN ROSMAN

Contact No.(Home)

OI Vehicle NumberFBQ4453L

Name of Preferred Workshop

Date Registered08/02/2021 17:38

Claim Close Date

Workshop RepairerROSLI WAHAB

Date Received08/02/

Total Loss but Repaired

https://gicclaim.income.com.sg/gcs/icm/eclaim/reserveSearch.do?tabCode=Reserve&caseId=2769887&objectId=3223609&readAllBox=1&checkNewS...

1/3

Modification History

Reason

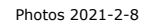
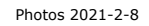
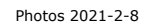
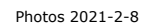
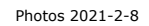
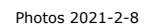
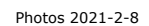
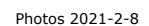
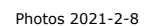
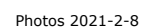
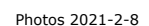
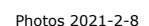
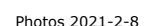
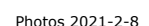
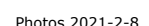
Attachment

Upload Date	08/02/2021 00:00
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Urgency *

Clear Please Select NO Normal

Description



SAS 2021-2-8



SERVICES (BUKIT MERAH)) on 08 Feb 2021 17:35

▼ Video List

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		Display in New Window	Scan and uploading	