

Claim Handling

Accident MT/1121688

Policy No.	5087566859-04	Vehicle No.	FBL6377L	GST Registration No.	
Certificate No.					
Policyholder Name	GOH YING RONG			Policyholder NRIC	S96422841
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	83665557	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

▼ Accident Details

Report Date	19/02/2021 18:51	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	18/02/2021	Time of Accident hh:mm	22:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	OLD TAMPINES ROAD				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
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 231 #09-460	Address 2	PASIR RIS DRIVE 4	Address 3	SINGAPORE 510231
Address 4		Address Type	Singapore address	Post Code	510231
Unit No.		Related Policy Number	5087566859-04		

▼ OI Driver Info

Driver Name	GOH YING LER	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	T0127620J	Driver DOB	10/09/2001
Register Date of Driver License	15/10/2020	Driver Age	19	Driving Experience	0
Contact No.(Mobile)	94557861	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 231	Address 2	PASIR RIS DRIVE 4	Address 3	SINGAPORE 510231
Address 4		Address Type	Singapore address	Post Code	510231
Unit No.	#09-460				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	GOH YING RONG	Insured NRIC	
Contact No.(Mobile)	83665557	Contact No. (Home)	65830269	Contact No. (Office)	
Email Address	GOHYINGRONG@HOTMAIL.COM	Vehicle Number	FBL6377L	TP Vehicle Number	
Claim Description	FBL6377L / SMX1280X ON 18 Feb 2021				
Preferred Workshop		Insured Liability	Not at Fault		
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	19/02/2021 18:56	Claim Close Date		Date Received	
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save

Submit

Attachment

▼

Accident No.	MT/1121688	Claim No.	001
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Last Doc. Received

☒ Yes

☐ No

Upload Date

19/02/2021 00:00

Path *

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2021 18:56	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-2-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2021 18:56	SAS		Normal	SAS 2021-2-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2021 18:56	Photos		Normal	Photos 2021-2-19
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2021 18:55	Photos		Normal	Photos 2021-2-19

Video List

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