

Claim Handling

Task Transfer

Exit

▼ Accident MT/1122777

LOS

SAL

SUB

Policy No.

5097343288-02

Certificate No.

Policyholder Name

LEE JAN LEONG

Product Code

MOTORCYCLE INSURANCE

Contact No.(Mobile)

96629050

Email Address

KFK

No

Yes

NCD Protection

No

Vehicle No.

FBK2086H

Cover Type

Third Party

Contact No.(Office)

Special Remark

TCA

No

Yes

NCD Entitlement(%)

20

GST Registration No.

Policyholder NRIC

S6936508F

Loading

0

Contact No.(Home)

eCode

No

eCode Reason

Private Hire

No

▼ Accident Details

Report Date

01/03/2021 16:57

Date of Accident

26/02/2021

Reporting Centre

NATIONAL ASSESSMENT CENTRE

Accident Location

JLN ANAK BUKIT

Accident Report Within 24 hrs

Yes

Time of Accident hh:mm

15:25

Orange Force

No

Accident Type

Collision - Head to Rear

Country of Accident

Singapore

ICM No.

▼ Total Excess Applicable

Excess Type

Per Accident

Windscreen Excess

OD Standard Excess

0.00

YIED OD Excess

0.00

Additional Excess

Total OD Excess Applicable

0.00

TP Standard Excess

0.00

YIED TP Excess

0.00

Total TP Excess Applicable

0.00

Driver is Covered?

Not Covered

▼ Benefits

▼ GST Registered Information

GST Registered

No

GST Registration No.

Modification History

GST Registration Date

GST Status Verified

Yes

▼ Policyholder Mailing Address

Address 1

BLK 757 #11-478

Address 4

Unit No.

Address 2

YISHUN ST 72

Address Type

Singapore address

Related Policy Number

5097343288-02

Address 3

SINGAPORE 760757

Post Code

760757

▼ OI Driver Info

Driver Name

LEE JAN LEONG

Unnamed driver Name

Register Date of Driver License

01/01/2000

Contact No.(Mobile)

Address 1

BLK 757 #11-478

Address 4

Unit No.

Does he own a Singapore Registered car?

Yes

No

Driver Type

Main Driver

Driver NRIC

S6936508F

Driver Age

51

Contact No.(Office)

Address 2

YISHUN ST 72

Address Type

Singapore address

Driver Vehicle No.

FBK2086H

Driver Insurer Company

NTUC

Driver DOB

19/10/1969

Driving Experience

21

Contact No.(Home)

Address 3

SINGAPORE 760757

Post Code

760757

▼ Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

Yes

No

Modification History

▼ Investigation

Claim 001 OD-MX

New

▼ Claim Case Officer

Claim Type

OD-MX

Contact No.(Mobile)

Email Address

Claim Description

FBK2086H / FBK2987H ON 26 Feb 2021

Preferred Workshop Contact No.

Require Finalisation

Yes

Date Registered

01/03/2021 17:11

Report Taken By

Insured Name

LEE JAN LEONG

Contact No.(Home)

OI Vehicle Number

FBK2086H

Insured Liability

Fully at Fault

Preferred Repair Option

Preferred Workshop, Name unknown

Claim Close Date

Workshop Repairer

Insured NRIC

S6936508F

Contact No.(Office)

TP Vehicle Number

FBK2987H

Name of Preferred Workshop

GIA report

Received

Date Received

01/03/2021

Total Loss but Repaired

Print AK letter

https://gicclaim.income.com.sg/gcs/icm/eclaim/reserveSearch.do?tabCode=Reserve&caseId=2775388&objectId=3229877&readAllBox=1&checkNewS...

1/2

