

Claim Handling

Accident MT/1124685

Policy No.	5120364842	Vehicle No.	SMF1989E	GST Registration No.
Certificate No.				
Policyholder Name	BOOMERANG MOTORWORKS PTE. LTD.			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	96922776	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	17/03/2021 12:01	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	14/03/2021	Time of Accident hh:mm	13:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	Elias Rd, Singapore			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	1000			
Total OD Excess Applicable	3000.00	Total TP Excess Applicable	1,500.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	17/03/2021 12:05:07 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	186 WOODLANDS INDUSTRIAL	Address 2	#04-01Q	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-07	Related Policy Number	5116899163-01	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SYED FAISAL BIN SYED ABDULI	Driver NRIC	S7736981C	Driver DOB
Register Date of Driver License	22/11/1999	Driver Age	43	Driving Experience
Contact No.(Mobile)	88477140	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 613 #02-126	Address 2	ELIAS ROAD	Address 3
Address 4	SINGAPORE 510613	Address Type	Singapore address	Post Code
Unit No.	02-126			
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

New

Claim Type *	OD-MX	Insured Name	BOOMERANG MOTORWORKS PT	Insured NRIC
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)
Email Address		OI Vehicle Number	SMF1989E	TP Vehicle Number
Claim Description	SMF1989E / SBS6487R ON 14 Mar 2021			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	17/03/2021 12:06	Claim Close Date		Date Received
Report Taken By	SHAN HUI			

☒ Print AK letter

Save

Submit

Attachment

3/17/2021

Claim Handling(accident reporting Claim Task)

Accident No.

MT/1124685

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

17/03/2021 12:06

Path *

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Message Read

Category *

Confidential

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Attachment List

Attachment

Uploaded By/Date

Category

Urgency

Description

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Mar 2021 12:06

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SAS 2021-3-17

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Mar 2021 12:06

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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Mar 2021 12:06

Photos

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Photos 2021-3-17

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Photos 2021-3-17

Video List

Uploaded By/Date

Folder Date

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Display in New Window

Scan and uploading

https://gicclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do

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