

eBaoTech

GeneralClaim

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Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5114151811		VIRTUE TRUST LOGISTICS N TRADING	53269489M	GCV	Comprehensive	YN2356R	YN2356R	05/12/2019	04/12/2020

 Policy Information

Policy No.	5114151811	Policyholder Name	VIRTUE TRUST LOGISTICS N TR	Policyholder NRIC	53269489M
Certificate No.					
Address	BLK 681 #06-295 RACE COURSE ROAD SINGAPORE 210681				
Product Name	COMMERCIAL VEHICLE INSURAI Plan			Group Policy Flag	N
Policy issue Date	15/11/2019	Effective Date	05/12/2019 00:00	Expiry Date	04/12/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 681 #06-295	Address 2	RACE COURSE ROAD	Address 3	SINGAPORE 210681
Address 4		Address Type	Singapore address	Post Code	210681
Unit No.	02-35	Related Policy Number	5114151811		

 Insured Object: YN2356R

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
Continue Cancel				

Claim Handling

Accident MT/1100855

Policy No.	5114151811	Vehicle No.	YN2356R	GST Registration No.	
Certificate No.					
Policyholder Name	VIRTUE TRUST LOGISTICS N TRADING	Cover Type	Comprehensive	Policyholder NRIC	53269489M
Product Code	COMMERCIAL VEHICLE INSURAI	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	86994055	Special Remark		Contact No. (Home)	0
Email Address		TCA	☒ No ☐ Yes	eCode	
KFK	☒ No ☐ Yes	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No			Private Hire	No
▼ Accident Details					
Report Date	24/08/2020 10:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	21/08/2020	Time of Accident hh:mm	13:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HOUGANG ST 51				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable			

▼ 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 681 #06-295	Address 2	RACE COURSE ROAD	Address 3	SINGAPORE 210681
Address 4		Address Type	Singapore address	Post Code	210681
Unit No.	02-35	Related Policy Number	5114151811		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	13/02/1988
Unnamed driver Name	PUVENDRAN S/O A RAJANDRAN	Driver NRIC	S8804930F	Driving Experience	12
Register Date of Driver License	06/03/2008	Driver Age	32	Contact No. (Home)	0
Contact No. (Mobile)	87900181	Contact No. (Office)	0	Address 3	MATILDA PORTICO
Address 1	BLK 217D	Address 2	SUMANG WALK	Post Code	824217
Address 4	SINGAPORE 824217	Address Type	Singapore address		
Unit No.	05-200				
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		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	VIRTUE TRUST LOGISTICS N TR	Insured NRIC	53269489M
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	YN2356R	TP Vehicle Number	SKD3689S
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	YN2356R / SKD3689S ON 21 Aug 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	24/08/2020 10:14	Claim Close Date		Date Received	24/08/2020 00:00
Report Taken By	Jackson				
☒ Print AK letter					

Save **Submit**

Attachment

▼						
Accident No.	MT/1100855	Claim No.	001			
Last Doc. Received	☒ Yes ☐ No	Upload Date	24/08/2020 10:15			
Path *		Category *	Confidential	Urgency *	Description *	
	Browse...	Clear	Please Select	☐ NO ☐ YES	Normal	
	Browse...	Clear	Please Select	☐ NO ☐ YES	Normal	
	Browse...	Clear	Please Select	☐ NO ☐ YES	Normal	
	Browse...	Clear	Please Select	☐ NO ☐ YES	Normal	
	Browse...	Clear	Please Select	☐ NO ☐ YES	Normal	
	Browse...	Clear	Please Select	☐ NO ☐ YES	Normal	

