

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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Notice of Loss

Policy Query

Policy No.		Date of Accident	23/08/2020 19:50							
Vehicle No.(For Motor)	SJR5172R	Certificate Number								
Search										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5117770041		SURANI BIN SAMURI	S1485197F	GPC	drive CLASSIC	SJR5172R	SJR5172R	27/07/2020	25/06/2021
Continue										

 Policy Information

Policy No.	5117770041	Policyholder Name	SURANI BIN SAMURI	Policyholder NRIC	S1485197F
Certificate No.					
Address	BLK 325 #10-190 JURONG EAST STREET 31 SINGAPORE 600325				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	10/06/2020	Effective Date	27/07/2020 00:00	Expiry Date	25/06/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	QUOTIGO PTE. LTD.	Agent Tel.	63853303	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 325 #10-190	Address 2	JURONG EAST STREET 31	Address 3	SINGAPORE 600325
Address 4		Address Type	Singapore address	Post Code	600325
Unit No.		Related Policy Number	5117770041		

 Insured Object: SJR5172R

 Endorsements

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

Claim Handling

Accident MT/1100894

Policy No.	5117770041	Vehicle No.	SJR5172R	GST Registration No.	
Certificate No.					
Policyholder Name	SURANI BIN SAMURI			Policyholder NRIC	S1485197F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	97593145	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	☒
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes
▼ Accident Details					
Report Date	24/08/2020 12:33	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	23/08/2020	Time of Accident hh:mm	19:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (TUAS) AFTER CLEMENTI AVE 6				
▼ 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?	Covered
Additional Excess	0				
Total OD Excess Applicable	2000.00	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					
▼ Policyholder Mailing Address					
Address 1	BLK 325 #10-190	Address 2	JURONG EAST STREET 31	Address 3	SINGAPORE 600325
Address 4		Address Type	Singapore address	Post Code	600325
Unit No.		Related Policy Number	5117770041		
▼ OI Driver Info					
Driver Name	SURANI BIN SAMURI	Driver Type	Main Driver	Driver DOB	01/07/1961
Unnamed driver Name		Driver NRIC	S1485197F	Driving Experience	39
Register Date of Driver License	31/07/1981	Driver Age	59	Contact No.(Home)	0
Contact No.(Mobile)	97593145	Contact No.(Office)	0	Address 3	SINGAPORE 600325
Address 1	BLK 325	Address 2	JURONG EAST STREET 31	Post Code	600325
Address 4		Address Type	Singapore address		
Unit No.	10-190				
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	SURANI BIN SAMURI	Insured NRIC	S1485197F
Contact No.(Mobile)	97393145	Contact No.(Home)	64254131	Contact No.(Office)	
Email Address	mayangsari61@gmail.com	OI Vehicle Number	SJR5172R	TP Vehicle Number	SMF3297E
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJR5172R / SMF3297E ON 23 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 12:35	Claim Close Date		Date Received	24/08/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1100894	Claim No.	001		
Last Doc. Received	☒ Yes ☐ No	Upload Date	24/08/2020 12:36		
Path *		Category *			
	Browse... Clear	Please Select	Confidential	Urgency *	Description *
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	
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	Browse... Clear	Please Select	NO	Normal	

Message Read

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 24 Aug 2020 12:36	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 24 Aug 2020 12:36	SAS		Normal	SAS 2020-8-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 24 Aug 2020 12:36	Photos		Normal	Photos 2020-8-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 24 Aug 2020 12:36	Photos		Normal	Photos 2020-8-24
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 24 Aug 2020 12:35	Photos		Normal	Photos 2020-8-24

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