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GeneralClaim

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Notice of Loss

Policy Query

Policy No.		Date of Accident	24/08/2020 10:15							
Vehicle No. (For Motor)	GBF8655C	Certificate Number								
Search										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5116533777		MUNTERS PTE LTD	198905170R	GCV	Comprehensive	GBF8655C	GBF8655C	25/03/2020	24/03/2021
Continue										

Policy Information

Policy No.	5116533777	Policyholder Name	MUNTERS PTE LTD	Policyholder NRIC	198905170R
Certificate No.					
Address	16 TAI SENG STREET #05-01 SINGAPORE 534138				
Product Name	COMMERCIAL VEHICLE INSURAI Plan			Group Policy Flag	N
Policy issue Date	03/03/2020	Effective Date	25/03/2020 00:00	Expiry Date	24/03/2021 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	SG MOTOR TRADER PTE. LTD.	Agent Tel.	69339417	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

Policyholder Mailing Address

Address 1	16 TAI SENG STREET	Address 2	#05-01	Address 3	SINGAPORE 534138
Address 4		Address Type	Singapore address	Post Code	534138
Unit No.		Related Policy Number	5117941568		

Insured Object: GBF8655C

Endorsements

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

Claim Handling

Accident MT/1100903

Policy No.	5116533777	Vehicle No.	GBF8655C	GST Registration No.	M200900049
Certificate No.					
Policyholder Name	MUNTERS PTE LTD			Policyholder NRIC	198905170R
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	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(%)	20	Private Hire	No
▼ Accident Details					
Report Date	24/08/2020 13:58	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	24/08/2020	Time of Accident hh:mm	10:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE TWDS TUAS				
▼ 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	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200900049	GST Status Verified	Yes
Modification History	24/08/2020 13:59:24 System changed GST Registration Date from 01/01/2015 to 01/04/1994 24/08/2020 13:59:24 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address					
Address 1	16 TAI SENG STREET	Address 2	#05-01	Address 3	SINGAPORE 534138
Address 4		Address Type	Singapore address	Post Code	534138
Unit No.		Related Policy Number	5117941568		

▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	26/10/1976
Unnamed driver Name	KELVIN KANG WEE KEONG	Driver NRIC	S7670091E	Driving Experience	21
Register Date of Driver License	23/09/1998	Driver Age	43	Contact No.(Home)	0
Contact No.(Mobile)	96231127	Contact No.(Office)	0	Address 3	SINGAPORE 820117
Address 1	BLK 117	Address 2	EDGEFIELD PLAINS	Post Code	820117
Address 4		Address Type	Singapore address		
Unit No.	12-318				
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	MUNTERS PTE LTD	Insured NRIC	198905170R
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67446828
Email Address		OI Vehicle Number	GBF8655C	TP Vehicle Number	GBK873R
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBF8655C / GBK873R ON 24 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 14:00	Claim Close Date		Date Received	24/08/2020 00:00
Report Taken By	Jackson				
☒ Print AK letter					

Save Submit

Attachment

Accident No.	MT/1100903	Claim No.	001		
Last Doc. Received	☒ Yes ☐ No	Upload Date	24/08/2020 14:05		
Path *					
	Browse...	Category *	Confidential	Urgency *	Description *
	Browse...	Please Select	NO	Normal	
	Browse...	Please Select	NO	Normal	
	Browse...	Please Select	NO	Normal	
	Browse...	Please Select	NO	Normal	
	Browse...	Please Select	NO	Normal	
	Browse...	Please Select	NO	Normal	

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Attachment List

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 Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
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