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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
☐	5112704083	5112704083-000014	SHIN-HAN MOTORS PTE. LTD.	201800251R	GFM	Third Party	SJN3588J	SJN3588J	01/03/2020	17/10/2020

 Policy Information

Policy No.	5112704083	Policyholder Name	SHIN-HAN MOTORS PTE. LTD.	Policyholder NRIC	201800251R
Certificate No.	5112704083-000014				
Address	43 SPRINGSIDE WALK SINGAPORE 786628				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	17/09/2019	Effective Date	17/09/2019 00:00	Expiry Date	17/10/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	JG MOTOR AGENCY	Agent Tel.	63440727	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	43 SPRINGSIDE WALK	Address 2	SINGAPORE 786628	Address 3	
Address 4		Address Type	Singapore address	Post Code	786628
Unit No.		Related Policy Number	5113524963		

 Insured Object: 5112704083-000014

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
 Certificate Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

Continue

Cancel

Claim Handling

Accident MT/1100947

Policy No.	5112704083	Vehicle No.	SJN3588J	GST Registration No.	
Certificate No.	5112704083-000014				
Policyholder Name	SHIN-HAN MOTORS PTE. LTD.			Policyholder NRIC	201800251R
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	96575910	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(%)	0	Private Hire	Yes

▼ Accident Details

Report Date	24/08/2020 15:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	22/08/2020	Time of Accident hh:mm	14:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	DEMPSEY RD TWDS Dempsey Hill				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	0.00	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	43 SPRINGSIDE WALK	Address 2	SINGAPORE 786628	Address 3	
Address 4		Address Type	Singapore address	Post Code	786628
Unit No.		Related Policy Number	5113524963		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMED FARHAN BIN ZAKARI	Driver NRIC	S82084641	Driver DOB	13/03/1982
Register Date of Driver License	31/01/2004	Driver Age	38	Driving Experience	16
Contact No.(Mobile)	87662500	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 468	Address 2	PASIR RIS DRIVE 6	Address 3	SINGAPORE 510468
Address 4		Address Type	Singapore address	Post Code	510468
Unit No.	02-402				
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	SHIN-HAN MOTORS PTE. LTD.	Insured NRIC	201800251R
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SJN3588J	TP Vehicle Number	SLK1766S
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJN3588J / SLK1766S ON 22 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 15:42	Claim Close Date		Date Received	24/08/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

▼

Accident No.	MT/1100947	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	24/08/2020 15:44

Path *	Category *	Confidential	Urgency *	Description *

