eBao Tech	GeneralClaim										
Hello, NAC_PAYA_UBI_800	0601			The second secon			› Change I	Language	• Chang	e Password	› Log Out
My Desktop	Policy Query										,
Notice of Loss	Policy N	lo.		Date of Accident				24	24/08/2020 13:30		
	Vehicle	No.(For Motor)	GBH3995T			Certificate Number					
					100	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5117156032		BUSINESS COURIER SERVICE PTE LTD	199505762D	GCV	Comprehensive	GBH3995T	GBH3995T	18/05/2020	17/05/2021
						Continue					

▽ Polic	cy Information						
Policy No.	5117156032	Policyholder Name	BUSINESS	COURIER SERVICE P	Policyholder NRIC	199505762D	
Certificate No.					(65.0.19.T).		
Address	151 CHIN SWEE ROAD #02-08 P	MANHATTAN H	OUSE SINGA	APORE 169876			
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy ssue Date	28/04/2020	Effective Date	18/05/2020	00:00	Expiry Date	17/05/2021 2	3:59
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	g/Inexperience Driver Excess
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Υ	
Co- nsurance Flag	No						
Open Policy Info							
Certificate nfo							
Policyho	older Mailing Address						
ddress 1	151 CHIN SWEE ROAD	Addres	s 2	2 #02-08 MANHATTAN		Address 3	SINGAPORE 169876
ddress 4	Ad		s Type	Singapore address	F	ost Code	169876
Init No.	02-08	Related Policy Number		5117156032			
Insured	Object: GBH3995T						
	ments						
Sequenc	e Date of Endorsement		ndorsement '		Endorsement 5		Endorsement Content

Accident MT/1101157											
Policy No.	5117156032	Vehicle No.		GBH3995	Т		GST Registration No).			
Certificate No.											
Policyholder Name	BUSINESS COURIER SERVICE PTE LTD						Policyholder NRIC		199505762D		
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type		Comprehensive			Loading		0		
Contact No.(Mobile)	0	Contact No.(Office)		62242669			Contact No.(Home)		0		
Email Address		Special Remark					eCode		Mr 🗸		
KFK	No ○ Yes	TCA			Yes		eCode Reason				
NCD Protection	No	NCD Entitlement(%)		10			Private Hire		No		
Accident Details											
Report Date	25/08/2020 15:37	Accident Report With	in 24 hrs	Yes			Accident Type		Collision - Head to Rear		
Date of Accident	24/08/2020	Time of Accident hh:	mm	13:30			Country of Accident		Singapore		
Reporting Centre		Orange Force					ICM No.				
Accident Location	JUNC IRWELL BANK RD & RIVER VALLEY RD										
▼ Total Excess Applicable	1										
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 Appli	cable								
▽ Benefits											
GST Registered Informa	ation										
GST Registered	No			GS	T Registration Date						
GST Registration No.					T Status Verified		Yes				
Modification History	25/08/2020 15:38:27 System	changed GST Status Vi	erified from								
Policyholder Mailing Ad	dress										
Address 1	151 CHIN SWEE ROAD	Address 2		#02-08 M	ANHATTAN HOUSE		Address 3		SINGAPORE 169876		
Address 4		Address Type		Singapore address			Post Code		169876		
Unit No.	02-08	Related Policy Number		5117156032			1 ost code		103070		
OI Driver Info	52 55	Related Folley Halliat	-1.	311/1300	32						
Driver Name	Unnamed Driver	Driver Type		Unnamed	Driver						
Unnamed driver Name	NEO CHWEE TECK	Driver NRIC		S1641112			Driver DOB		20/04/1964		
Register Date of Driver License	07/10/1985	Driver Age		56			Driving Experience		34		
Contact No.(Mobile)	83304022	Contact No.(Office)		0			Contact No.(Home)		0		
Address 1	BLK 94	Address 2		PIPIT ROAD					MACPHERSON OASIS		
							Address 3				
Address 4	SINGAPORE 370094	Address Type		Singapore	address		Post Code		370094		
Unit No. Does he own a Singapore	06-41										
Registered car?	○ Yes No	Driver Vehicle No.					Driver Insurer Comp	any			
Declaration											
Breathalyser or Blood Test Reading?	0 mg	Any injury?		O Yes	No						
Modification History											
Claim 001 New											
Construction (Construction)											
			7								
Claim Type *	OD-MX	Insured Name	l	BUSINESS	COURIER SERVICE P		Insured NRIC		199505762D		
Contact No.(Mobile)	81399579	Contact No.(Home)	L				Contact No.(Office)		62242669		
Email Address	dons@businesscourier.com.sg	OI Vehicle Number		GBH3995T			TP Vehicle Number		SMN6789R		
Claimant Type Claimant Type *	Please Select	Type of Benefit *		Please Select							
Claimant Name *	>>	Claimant NRIC *	[
Claimant Address											
Claim Description	GBH3995T / SMN6789R ON 24 Aug 2020						Name of Preferred W	orkshop			
Preferred Workshop Contact No.		Insured Liability *	ſ	Fully at Fa	ult 🔻						
Require Finalisation	Yes	Preferered Repair Opt	ion [Preferred	Workshop, Name unknown	~	GIA report		Received		
Date Registered	25/08/2020 15:39	Claim Close Date	ſ				Date Received		25/08/2020 00:00		
Report Taken By	Jackson										
- Contraction of the Contraction	100000000000000000000000000000000000000										
Print AK letter											
			S	ave Sut	omit						
Attachment											
Accident No.	MT/1101157	Claim No.			001						
Last Doc. Received	● Yes ○ No	Upload Da	ate		25/08/2020 15:40						
	Path •				Category *		Confidential	Urgenc	y * Description *		
			Browse	Clear	Please Select	V		Normal	V Description •		
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			Browse		Please Select			Normal			
			Browse	Clear	Please Select	V	isa v	Normal			

