eBaoTech GeneralClaim

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Notice of Loss

Policy Query

Policy No. | Date of Accident: 25/08/2020 10:05

Vehicle No.(For Motor): FBM5690H | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5115816740		M MOHAMED AZFAR	S9716425H	GMC	Third Party	FBM5690H	FBM5690H	26/01/2020	25/01/2021

Continue

Policy Information

Policy No.	5115816740	Policyholder Name	M MOHAMED AZFAR	Policyholder NRIC	S9716425H
Certificate No.					
Address	BLK 271B #06-525 PUNGGOL WALK PUNGGOL RESIDENCES SINGAPORE 822271				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	25/01/2020	Effective Date	26/01/2020 00:00	Expiry Date	25/01/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	DIRECT BUSINESS DEPT	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 271B #06-525	Address 2	PUNGGOL WALK	Address 3	PUNGGOL RESIDENCES
Address 4	SINGAPORE 822271	Address Type	Singapore address	Post Code	822271
Unit No.	06-525	Related Policy Number	5115816740		

Insured Object: FBM5690H

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Accident MT/1101208

Policy No.	5115816740	Vehicle No.	FBM5690H	GST Registration No.	
Certificate No.					
Policyholder Name	M MOHAMED AZFAR			Policyholder NRIC	S9716425H
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	82967521	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	No

Accident Details

Report Date	25/08/2020 17:52	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	25/08/2020	Time of Accident hh:mm	10:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD SERANGOON AVE 2 TWDS LOR CHUAN				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

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 271B #06-525	Address 2	PUNGGOL WALK	Address 3	PUNGGOL RESIDENCES
Address 4	SINGAPORE 822271	Address Type	Singapore address	Post Code	822271
Unit No.	06-525	Related Policy Number	5115816740		

OI Driver Info

Driver Name	M MOHAMED AZFAR	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9716425H	Driver DOB	25/05/1997
Register Date of Driver License	04/04/2019	Driver Age	23	Driving Experience	1
Contact No.(Mobile)	82967521	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 271B	Address 2	PUNGGOL WALK	Address 3	PUNGGOL RESIDENCES
Address 4	SINGAPORE 822271	Address Type	Singapore address	Post Code	822271
Unit No.	06-525				
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	M MOHAMED AZFAR	Insured NRIC	S9716425H
Contact No.(Mobile)	82967521	Contact No.(Home)		Contact No.(Office)	
Email Address	azfar978@gmail.com	OI Vehicle Number	FBM5690H	TP Vehicle Number	SHA1955M
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	FBM5690H / SHA1955M ON 25 Aug 2020			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	25/08/2020 17:54	Claim Close Date		Date Received	25/08/2020 00:00
Report Taken By	Jackson				

☑ Print AK letter

Save Submit

Attachment

Accident No.	MT/1101208	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	25/08/2020 17:56

Path *			Category *	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	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	

Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	A
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Aug 2020 17:56	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-25		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Aug 2020 17:55	SAS		Normal	SAS 2020-8-25		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Aug 2020 17:55	Photos		Normal	Photos 2020-8-25		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Aug 2020 17:55	Photos		Normal	Photos 2020-8-25		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Aug 2020 17:55	Photos		Normal	Photos 2020-8-25		
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Aug 2020 17:54	Photos		Normal	Photos 2020-8-25		
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Aug 2020 17:54	Photos		Normal	Photos 2020-8-25		

Video List

Uploaded By/Date	Folder Date	File Name		Source	Actior

Display in New Window | Scan and uploading