

eBaoTech

General Claim

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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
☐	5098644159-02		MUHAMMAD AMIN BIN SHAHUL HAMEED	S8009282B	GPC	drivo CLASSIC	SJD2159Z	SJD2159Z	13/03/2020	12/03/2021

Policy Information

Policy No.	5098644159-02	Policyholder Name	MUHAMMAD AMIN BIN SHAHUL	Policyholder NRIC	S8009282B
Certificate No.					
Address	BLK 111 #23-136 BUKIT BATOK WEST AVENUE 6 SINGAPORE 650111				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	08/03/2020	Effective Date	13/03/2020 00:00	Expiry Date	12/03/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	CHUAN LEE ENTERPRISES PTE.	Agent Tel.	64690002	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 111 #23-136	Address 2	BUKIT BATOK WEST AVENUE 6	Address 3	SINGAPORE 650111
Address 4		Address Type	Singapore address	Post Code	650111
Unit No.		Related Policy Number	5098644159-02		

Insured Object: SJD2159Z

Endorsements

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

Claim Handling

Accident MT/1101333

Policy No.	5098644159-02	Vehicle No.	SJD2159Z	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD AMIN BIN SHAHUL HAMEED			Policyholder NRIC	S8009282B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	93287475	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
▼ Accident Details					
Report Date	27/08/2020 09:23	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	26/08/2020	Time of Accident hh:mm	15:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT BATOK WEST AVE 6				
▼ 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	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	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 111 #23-136	Address 2	BUKIT BATOK WEST AVENUE 6	Address 3	SINGAPORE 650111
Address 4		Address Type	Singapore address	Post Code	650111
Unit No.		Related Policy Number	5098644159-02		
▼ OI Driver Info					
Driver Name	MUHAMMAD AMIN BIN SHAHUL HAMEED	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8009282B	Driver DOB	02/04/1980
Register Date of Driver License	11/09/2003	Driver Age	40	Driving Experience	16
Contact No.(Mobile)	93287475	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 111	Address 2	BUKIT BATOK WEST AVENUE 6	Address 3	SINGAPORE 650111
Address 4		Address Type	Singapore address	Post Code	650111
Unit No.	23-136				
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	MUHAMMAD AMIN BIN SHAHUL	Insured NRIC	S8009282B
Contact No.(Mobile)	93287475	Contact No.(Home)	65202412	Contact No.(Office)	
Email Address		OI Vehicle Number	SJD2159Z	TP Vehicle Number	GU4378R
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJD2159Z / GU4378R ON 26 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	27/08/2020 09:24	Claim Close Date		Date Received	27/08/2020 00:00
Report Taken By	Jackson				
☒ Print AK letter					

Save Submit

Attachment

Accident No.	MT/1101333	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	27/08/2020 09:26
Path *			
	Browse...	Category *	Confidential
			Urgency *
			Description *

Measuring head

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Attachment List

27/8/2020