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GeneralClaim

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Policy Query

Policy No.		Date of Accident	31/08/2020 10:40							
Vehicle No.(For Motor)	GBJ4538M	Certificate Number								
Search										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5108824867-01		BITRONIC ELECTRICAL ENGINEERING (S) COMPANY PTE LTD	199707684R	GCV	Comprehensive	GBJ4538M	GBJ4538M	23/04/2020	22/04/2021
Continue										

▼ Policy Information

Policy No.	5108824867-01	Policyholder Name	BITRONIC ELECTRICAL ENGINEI		Policyholder NRIC	199707684R
Certificate No.						
Address	27 SING AVENUE SINGAPORE 217872					
Product Name	COMMERCIAL VEHICLE INSURAI Plan			Group Policy Flag	N	
Policy issue Date	18/03/2020	Effective Date	23/04/2020 00:00		Expiry Date	22/04/2021 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	NET LINK COMMERCIAL PTE. LT	Agent Tel.	66599463	GST Flag	Y	
Co-insurance Flag	No					
Open Policy Info						
Certificate Info						

▼ Policyholder Mailing Address

Address 1	27 SING AVENUE	Address 2	SINGAPORE 217872	Address 3	
Address 4		Address Type	Singapore address	Post Code	217872
Unit No.		Related Policy Number	5108824867-01		

▶ Insured Object: GBJ4538M

▼ Endorsements

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

Claim Handling

Accident MT/1101862

Policy No.	5108824867-01	Vehicle No.	GBJ4538M	GST Registration No.	199707684R
Certificate No.					
Policyholder Name	BITRONIC ELECTRICAL ENGINEERING (S) COMPANY PTE LTD			Policyholder NRIC	199707684R
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	96334930	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(%)	10	Private Hire	No
▼ Accident Details					
Report Date	01/09/2020 10:21	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	31/08/2020	Time of Accident hh:mm	10:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PAYA LEBAR RD TWDS PIE (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	22/12/1997		
GST Registration No.	199707684R	GST Status Verified	Yes		
Modification History	01/09/2020 10:22:54 System changed GST Registration Date from 01/01/2015 to 22/12/1997 01/09/2020 10:22:54 System changed GST Status Verified from No to Yes				
▼ Policyholder Mailing Address					
Address 1	27 SING AVENUE	Address 2	SINGAPORE 217872	Address 3	
Address 4		Address Type	Singapore address	Post Code	217872
Unit No.		Related Policy Number	5108824867-01		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	14/12/1987
Unnamed driver Name	CHOO YOUNG JIN	Driver NRIC	G2843170N	Driving Experience	2
Register Date of Driver License	07/11/2017	Driver Age	32	Contact No.(Home)	0
Contact No.(Mobile)	87994143	Contact No.(Office)	0	Address 3	
Address 1	27 SING AVENUE	Address 2	SINGAPORE 217872	Post Code	217872
Address 4		Address Type	Singapore address		
Unit No.					
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	BITRONIC ELECTRICAL ENGINE	Insured NRIC	199707684R
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	62990478
Email Address		OI Vehicle Number	GBJ4538M	TP Vehicle Number	SLC8775L
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBJ4538M / SLC8775L ON 31 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	01/09/2020 10:23	Claim Close Date		Date Received	01/09/2020 00:00
Report Taken By	Jackson				
☒ Print AK letter					

Save Submit

Attachment

Accident No.	MT/1101862	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	01/09/2020 10:24
Path *			
	Browse...	Category *	Confidential
	Browse...	Urgency *	Description *
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