

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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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
☐	5118661283		GOH LIAN THYE	S1257869E	GPC	drivo CLASSIC	SDW7878U	SDW7878U	24/08/2020	21/12/2021

 Policy Information

Policy No.	5118661283	Policyholder Name	GOH LIAN THYE	Policyholder NRIC	S1257869E
Certificate No.					
Address	BLK 423 #10-262 CHOA CHU KANG AVENUE 4 SINGAPORE 680423				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	24/08/2020	Effective Date	24/08/2020 00:00	Expiry Date	21/12/2021 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	ASSURE (SINGAPORE) PTE. LTD	Agent Tel.	68038751	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 423 #10-262	Address 2	CHOA CHU KANG AVENUE 4	Address 3	SINGAPORE 680423
Address 4		Address Type	Singapore address	Post Code	680423
Unit No.		Related Policy Number	5118661283		

 Insured Object: SDW7878U

 Endorsements

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

Claim Handling

Accident MT/1101903

Policy No.	5118661283	Vehicle No.	SDW7878U	GST Registration No.	
Certificate No.					
Policyholder Name	GOH LIAN THYE			Policyholder NRIC	S1257869E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	97934648	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	01/09/2020 14:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	31/08/2020	Time of Accident hh:mm	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT BATOK EAST AVE 3				

▼ 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 423 #10-262	Address 2	CHOA CHU KANG AVENUE 4	Address 3	SINGAPORE 680423
Address 4		Address Type	Singapore address	Post Code	680423
Unit No.		Related Policy Number	5118661283		

▼ OI Driver Info

Driver Name	GOH LIAN THYE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1257869E	Driver DOB	09/01/1957
Register Date of Driver License	02/10/1978	Driver Age	63	Driving Experience	41
Contact No.(Mobile)	97934648	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 423	Address 2	CHOA CHU KANG AVENUE 4	Address 3	SINGAPORE 680423
Address 4		Address Type	Singapore address	Post Code	680423
Unit No.	10-262				
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	GOH LIAN THYE	Insured NRIC	S1257869E
Contact No.(Mobile)	97934648	Contact No.(Home)	67652802	Contact No.(Office)	67564911
Email Address	liancyn@msn.com	OI Vehicle Number	SDW7878U	TP Vehicle Number	GBJ3289M
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SDW7878U / GBJ3289M 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 14:09	Claim Close Date		Date Received	01/09/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1101903	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	01/09/2020 14:10

Path *	Category *	Confidential	Urgency *	Description *

Message Read

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 01 Sep 2020 14:10	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-9-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 01 Sep 2020 14:10	SAS	Normal	SAS 2020-9-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 01 Sep 2020 14:10	Photos	Normal	Photos 2020-9-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 01 Sep 2020 14:10	Photos	Normal	Photos 2020-9-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 01 Sep 2020 14:10	Photos	Normal	Photos 2020-9-1	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 01 Sep 2020 14:09	Photos	Normal	Photos 2020-9-1	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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Scan and uploading