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GeneralClaim

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Policy Query

Policy No.		Date of Accident	28/08/2020 19:40							
Vehicle No.(For Motor)	FBN1274Y	Certificate Number								
Search										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5111138101-01		MUHD ARSYAD BIN AHMAD	S8910121B	GMC	Third Party	FBN1274Y	FBN1274Y	25/07/2020	24/07/2021
Continue										

▼ Policy Information

Policy No.	5111138101-01	Policyholder Name	MUHD ARSYAD BIN AHMAD	Policyholder NRIC	S8910121B
Certificate No.					
Address	BLK 996B #04-887 BUANGKOK CRESCENT BUANGKOK TROPICA SINGAPORE 532996				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	27/06/2020	Effective Date	25/07/2020 00:00	Expiry Date	24/07/2021 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	GOH THIAN SHONG	Agent Tel.	81424667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 996B #04-887	Address 2	BUANGKOK CRESCENT	Address 3	BUANGKOK TROPICA
Address 4	SINGAPORE 532996	Address Type	Singapore address	Post Code	532996
Unit No.	04-887	Related Policy Number	5111138101-01		

▶ Insured Object: FBN1274Y

▼ Endorsements

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

Claim Handling

Accident MT/1101972

Policy No.	511138101-01	Vehicle No.	FBN1274Y	GST Registration No.	
Certificate No.					
Policyholder Name	MUHD ARSYAD BIN AHMAD			Policyholder NRIC	S8910121B
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	97717062	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 18:09	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	28/08/2020	Time of Accident hh:mm	19:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HOUGANG ST 91				
▼ 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 996B #04-887	Address 2	BUANGKOK CRESCENT	Address 3	BUANGKOK TROPICA
Address 4	SINGAPORE 532996	Address Type	Singapore address	Post Code	532996
Unit No.	04-887	Related Policy Number	511138101-01		
▼ OI Driver Info					
Driver Name	Muhammad Arsyad bin Ahmad	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8910121B	Driver DOB	31/03/1989
Register Date of Driver License	11/07/2018	Driver Age	31	Driving Experience	2
Contact No.(Mobile)	97717062	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 996B	Address 2	BUANGKOK CRESCENT	Address 3	BUANGKOK TROPICA
Address 4	SINGAPORE 532996	Address Type	Singapore address	Post Code	532996
Unit No.	04-887				
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	MUHD ARSYAD BIN AHMAD	Insured NRIC	S8910121B
Contact No.(Mobile)	97717062	Contact No.(Home)		Contact No.(Office)	
Email Address	MUHD_ARSYAD@OUTLOOK.COM	OI Vehicle Number	FBN1274Y	TP Vehicle Number	SLV2801J
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	FBN1274Y / SLV2801J ON 28 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 18:11	Claim Close Date		Date Received	01/09/2020 00:00
Report Taken By	Jackson				
☒ Print AK letter					

Save Submit

Attachment

Accident No. MT/1101972 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 01/09/2020 18:13

Path *	Category *	Confidential	Urgency *	Description *
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