

eBaoTech

GeneralClaim

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Policy Query

Policy No.		Date of Accident	31/08/2020 21:15							
Vehicle No.(For Motor)	SLR3832J	Certificate Number								
Search										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5114368352	5114368352-000012	TW AUTOMOBILE	53333500X	GFM	drivo CLASSIC	SLR3832J	SLR3832J	16/01/2020	15/01/2021
Continue										

 Policy Information

Policy No.	5114368352	Policyholder Name	TW AUTOMOBILE	Policyholder NRIC	53333500X
Certificate No.	5114368352-000012				
Address	9 TAGORE LANE #02-01 9 @ TAGORE SINGAPORE 787472				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	15/01/2020	Effective Date	16/01/2020 00:00	Expiry Date	15/01/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	9 TAGORE LANE	Address 2	#02-01 9 @ TAGORE	Address 3	SINGAPORE 787472
Address 4		Address Type	Singapore address	Post Code	787472
Unit No.	02-01	Related Policy Number	5112474973-01		

 Insured Object: 5114368352-000012

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	16/01/2020 00:00	Basic Information Endorsement	000001287354277	Endorsement Take Effective	Update Memo A

 Certificate Endorsements

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

Cancel

Claim Handling

Accident MT/1102043

Policy No.	S114368352	Vehicle No.	SLR3832J	GST Registration No.	
Certificate No.	S114368352-000012				
Policyholder Name	TW AUTOMOBILE			Policyholder NRIC	53333500X
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	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	Yes

▼ Accident Details

Report Date	02/09/2020 14:54	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	31/08/2020	Time of Accident hh:mm	21:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SIMS AVE TWDS GEYLANG LOR 11				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable			

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	9 TAGORE LANE	Address 2	#02-01 9 @ TAGORE	Address 3	SINGAPORE 787472
Address 4		Address Type	Singapore address	Post Code	787472
Unit No.	02-01	Related Policy Number	5112474973-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	15/11/1989
Unnamed driver Name	EE YEW MING, JOEL	Driver NRIC	S8940163A	Driving Experience	10
Register Date of Driver License	12/07/2010	Driver Age	30	Contact No.(Home)	0
Contact No.(Mobile)	86858787	Contact No.(Office)	0	Address 3	SINGAPORE 730324
Address 1	BLK 324	Address 2	WOODLANDS STREET 32	Post Code	730324
Address 4		Address Type	Singapore address		
Unit No.	01-169				
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	TW AUTOMOBILE	Insured NRIC	53333500X
Contact No.(Mobile)	86865535	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLR3832J	TP Vehicle Number	SGJ1025L
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLR3832J / SGJ1025L 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	02/09/2020 14:56	Claim Close Date		Date Received	02/09/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1102043	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	02/09/2020 14:59

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	

Message View

Attachment List

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