

eBaoTech

GeneralClaim

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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 |
|-----------------------|------------|--------------------|------------------------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5113127491 |                    | NEW AUTODRIVE CREDIT (S) PTE. LTD. | 201223137E        | GPC     | drivo CLASSIC | SJT8915J    | SJT8915J       | 04/10/2019    | 03/10/2020  |

### Claim Handling

Accident MT/1099035

|                     |                                                               |                     |                                                               |                      |                                                                                     |
|---------------------|---------------------------------------------------------------|---------------------|---------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------|
| Policy No.          | 5113127491                                                    | Vehicle No.         | SJ789153                                                      | GST Registration No. | 201223137E                                                                          |
| Certificate No.     |                                                               |                     |                                                               |                      |                                                                                     |
| Policyholder Name   | NEW AUTODRIVE CREDIT (S) PTE. LTD.                            |                     |                                                               | Policyholder NRIC    | 201223137E                                                                          |
| Product Code        | PRIVATE CAR INSURANCE                                         | Cover Type          | drivo CLASSIC                                                 | Loading              | 0                                                                                   |
| Contact No.(Mobile) | NA                                                            | Contact No.(Office) |                                                               | Contact No.(Home)    |                                                                                     |
| Email Address       |                                                               | Special Remark      |                                                               | eCode                |  |
| KFK                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason         |                                                                                     |
| NCD Protection      | No                                                            | NCD Entitlement(%)  | 0                                                             | Private Hire         | Not available                                                                       |

### ▼ Accident Details

|                   |                      |                               |       |                     |                          |
|-------------------|----------------------|-------------------------------|-------|---------------------|--------------------------|
| Report Date       | 05/08/2020 16:51     | Accident Report Within 24 hrs | Yes   | Accident Type       | Collision - Head to Rear |
| Date of Accident  | 21/07/2020           | Time of Accident hh:mm        | 19:00 | Country of Accident | Singapore                |
| Reporting Centre  |                      | Orange Force                  |       | ICM No.             |                          |
| Accident Location | BEDOK NORTH AVENUE 4 |                               |       |                     |                          |

▼ **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             |              | YIED TP Excess             |          | Driver is Covered? | Not Applicable |
| Additional Excess          | 1000         |                            |          |                    |                |
| Total OD Excess Applicable | 3000.00      | Total TP Excess Applicable | 1,500.00 |                    |                |

### ▼ Benefits

## GST Registered Information

|                      |            |                       |            |
|----------------------|------------|-----------------------|------------|
| GST Registered       | Yes        | GST Registration Date | 01/09/2017 |
| GST Registration No. | 201223137E | GST Status Verified   | Yes        |
| Modification History |            |                       |            |

#### ▼ Policyholder Mailing Address

|           |                 |                       |                   |           |        |
|-----------|-----------------|-----------------------|-------------------|-----------|--------|
| Address 1 | 6B SWANAGE ROAD | Address 2             | SINGAPORE 437191  | Address 3 |        |
| Address 4 |                 | Address Type          | Singapore address | Post Code | 437191 |
| Unit No.  |                 | Related Policy Number | 5118467801        |           |        |

OI Driver Info

|                                                                                                       |                     |                        |
|-------------------------------------------------------------------------------------------------------|---------------------|------------------------|
| Driver Name                                                                                           | Driver Type         |                        |
| Unnamed driver Name                                                                                   | Driver NRIC         | Driver DOB             |
| Register Date of Driver License                                                                       | Driver Age          | Driving Experience     |
| Contact No.(Mobile)                                                                                   | Contact No.(Office) | Contact No.(Home)      |
| Address 1                                                                                             | Address 2           | Address 3              |
| Address 4                                                                                             | Address Type        | Foreign address        |
| Unit No.                                                                                              |                     | Post Code              |
| Does he own a Singapore Registered car? <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.  | Driver Insurer Company |

### Modification History

Claim 002 New

|                                                     |                                                                |                         |                                                               |                            |                                               |
|-----------------------------------------------------|----------------------------------------------------------------|-------------------------|---------------------------------------------------------------|----------------------------|-----------------------------------------------|
| Claim Type *                                        | <input type="text" value="OD-MX"/>                             | Insured Name            | <input type="text" value="NEW AUTODRIVE CREDIT (S) P"/>       | Insured NRIC               | <input type="text" value="201223137E"/>       |
| Contact No.(Mobile)                                 | <input type="text"/>                                           | Contact No.(Home)       | <input type="text"/>                                          | Contact No.(Office)        | <input type="text"/>                          |
| Email Address                                       | <input type="text"/>                                           | O1 Vehicle Number       | <input type="text" value="SJT8915J"/>                         | TP Vehicle Number          | <input type="text" value="UNKNOWN"/>          |
| Claimant Type Claimant Type *                       | <input type="text" value="Please Select"/>                     | Type of Benefit *       | <input type="text" value="Please Select"/>                    |                            |                                               |
| Claimant Name *                                     | <input type="text"/>                                           | Claimant NRIC *         | <input type="text"/>                                          |                            |                                               |
| Claimant Address                                    | <input type="text"/>                                           |                         |                                                               |                            |                                               |
| Claim Description                                   | <input type="text" value="SJT8915J / UNKNOWN ON 21 Jul 2020"/> |                         |                                                               | Name of Preferred Workshop | <input type="text"/>                          |
| Preferred Workshop Contact No.                      | <input type="text"/>                                           | Insured Liability *     | <input type="text" value="Fully at Fault"/>                   |                            |                                               |
| Require Finalisation                                | <input type="text" value="Yes"/>                               | Preferred Repair Option | <input type="text" value="Preferred Workshop, Name unknown"/> | GIA report                 | <input type="text" value="Received"/>         |
| Date Registered                                     | <input type="text" value="02/09/2020 15:16"/>                  | Claim Close Date        | <input type="text"/>                                          | Date Received              | <input type="text" value="02/09/2020 00:00"/> |
| Report Taken By                                     | <input type="text" value="Jackson"/>                           |                         |                                                               |                            |                                               |
| <input checked="" type="checkbox"/> Print AK letter |                                                                |                         |                                                               |                            |                                               |

Save Submit

## Attachment

|                    |                                                               |             |                  |
|--------------------|---------------------------------------------------------------|-------------|------------------|
| Accident No.       | MT/1099035                                                    | Claim No.   | 002              |
| Last Doc: Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 02/09/2020 15:18 |

  

| Path *               | Category *                                                                                                               | Confidential                                                         | Urgency *                                                                   | Description *        |
|----------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------|
| <input type="text"/> | <input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/> | <input type="button" value="NO"/> <input type="button" value="YES"/> | <input type="button" value="Normal"/> <input type="button" value="Urgent"/> | <input type="text"/> |
| <input type="text"/> | <input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/> | <input type="button" value="NO"/> <input type="button" value="YES"/> | <input type="button" value="Normal"/> <input type="button" value="Urgent"/> | <input type="text"/> |
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| <input type="text"/> | <input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/> | <input type="button" value="NO"/> <input type="button" value="YES"/> | <input type="button" value="Normal"/> <input type="button" value="Urgent"/> | <input type="text"/> |

 Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? |
|------------|------------------|----------|---------|-------------|-----------|
|------------|------------------|----------|---------|-------------|-----------|

<https://giclaim.income.com.sg/gcs/icm/eclaim/claimantEdit.do?caseId=2730319&object...> 2/9/2020