

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

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
☐	5112619883	5112619883-000001	HENG HUAT BUS TRANSPORT	53136996W	GFM	Third Party, Fire & Theft	PA6854T	PA6854T	13/09/2019	12/09/2020

▼ Policy Information

Policy No.	5112619883	Policyholder Name	HENG HUAT BUS TRANSPORT	Policyholder NRIC	53136996W
Certificate No.	5112619883-000001				
Address	BLK 428 #06-2644 ANG MO KIO AVENUE 3 SINGAPORE 560428				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	12/09/2019	Effective Date	13/09/2019 00:00	Expiry Date	12/09/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess		Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	S'PORE SCH&PTE HIRE BUS OW	Agent Tel.	67410788	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 428 #06-2644	Address 2	ANG MO KIO AVENUE 3	Address 3	SINGAPORE 560428
Address 4		Address Type	Singapore address	Post Code	560428
Unit No.		Related Policy Number	5112620322		

▶ Insured Object: 5112619883-000001

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
▼ Certificate Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

Claim Handling

Accident MT/1102084

Policy No.	5112619883	Vehicle No.	PA6854T	GST Registration No.	
Certificate No.	5112619883-000001				
Policyholder Name	HENG HUAT BUS TRANSPORT			Policyholder NRIC	53136996W
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	83999361	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	02/09/2020 18:15	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	02/09/2020	Time of Accident hh:mm	08:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	RIVERVALE LINK TWDS SENGKANG EAST AVE				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess		TP Standard Excess	1,500.00
YIED OD Excess	0.00	YIED TP Excess	
Additional Excess			
Total OD Excess Applicable	0.00	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	BLK 428 #06-2644	Address 2	ANG MO KIO AVENUE 3	Address 3	SINGAPORE 560428
Address 4		Address Type	Singapore address	Post Code	560428
Unit No.		Related Policy Number	5112620322		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KOH HUP HUAT	Driver NRIC	S0146175C	Driver DOB	22/08/1953
Register Date of Driver License	05/02/1996	Driver Age	67	Driving Experience	24
Contact No.(Mobile)	83999361	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 123A	Address 2	RIVERVALE DRIVE	Address 3	SINGAPORE 541123
Address 4		Address Type	Singapore address	Post Code	541123
Unit No.	06-127				
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	HENG HUAT BUS TRANSPORT	Insured NRIC	53136996W
Contact No.(Mobile)	96478161	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	PA6854T	TP Vehicle Number	SLP7784Z
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	PA6854T / SLP7784Z ON 2 Sept 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 18:17	Claim Close Date		Date Received	02/09/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Attachment

Accident No.	MT/1102084	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	02/09/2020 18:19

Path *	Category *	Confidential	Urgency *	Description *
	Please Select	No	Normal	
	Please Select	No	Normal	
	Please Select	No	Normal	
	Please Select	No	Normal	
	Please Select	No	Normal	
	Please Select	No	Normal	

