

eBaoTech

General Claim

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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
☐	5108735445-01		LOW GIN SANG	S1302884B	GPC	drivo CLASSIC	SLV8914C	SLV8914C	30/04/2020	29/04/2021

 Policy Information

Policy No.	5108735445-01	Policyholder Name	LOW GIN SANG	Policyholder NRIC	S1302884B
Certificate No.					
Address	BLK 246 #06-23 KIM KEAT LINK SINGAPORE 310246				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	24/04/2020	Effective Date	30/04/2020 00:00	Expiry Date	29/04/2021 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	SININS AGENCY PTE. LTD.	Agent Tel.	69503050	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 246 #06-23	Address 2	KIM KEAT LINK	Address 3	SINGAPORE 310246
Address 4		Address Type	Singapore address	Post Code	310246
Unit No.	06-23	Related Policy Number	5108735445-01		

 **Insured Object: SLV8914C**
 Endorsements

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

Claim Handling

Accident MT/1102274

Policy No.	5108735445-01	Vehicle No.	SLV8914C	GST Registration No.	
Certificate No.					
Policyholder Name	LOW GIN SANG			Policyholder NRIC	S1302884B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	98181637	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(%)	20	Private Hire	Yes

Accident Details

Report Date	04/09/2020 14:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	04/09/2020	Time of Accident hh:mm	00:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWDS AYE BEFORE JLN BUKIT MERAH EXIT				

Total Excess Applicable

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

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 246 #06-23	Address 2	KIM KEAT LINK	Address 3	SINGAPORE 310246
Address 4		Address Type	Singapore address	Post Code	310246
Unit No.	06-23	Related Policy Number	5108735445-01		

OI Driver Info

Driver Name	LOW GIN SANG	Driver Type	Main Driver	Driver DOB	06/12/1958
Unnamed driver Name		Driver NRIC	S1302884B	Driving Experience	41
Register Date of Driver License	30/05/1979	Driver Age	61	Contact No.(Home)	0
Contact No.(Mobile)	98181637	Contact No.(Office)	0	Address 3	SINGAPORE 310246
Address 1	BLK 246	Address 2	KIM KEAT LINK	Post Code	310246
Address 4		Address Type	Singapore address		
Unit No.	06-23				
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	LOW GIN SANG	Insured NRIC	S1302884B	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)		
Email Address		OI Vehicle Number	SLV8914C	TP Vehicle Number	FBM7893B	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SLV8914C / FBM7893B ON 4 Sept: 2020				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	04/09/2020 14:46	Claim Close Date		Date Received	04/09/2020 00:00	
Report Taken By	Jackson					

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1102274	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	04/09/2020 14:50

Path *	Category *	Confidential	Urgency *	Description *
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Browse... Clear	Please Select	☐	Normal	
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Attachment List

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