

eBaoTech

General Claim

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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
☐	5116585155		LIM YAN LING	S9120792C	GPC	drive CLASSIC	SJY9712U	SJY9712U	05/03/2020	04/03/2021

 Policy Information

Policy No.	5116585155	Policyholder Name	LIM YAN LING	Policyholder NRIC	S9120792C
Certificate No.					
Address	BLK 132 #02-1263 BEDOK RESERVOIR ROAD EUNOS SPRING SINGAPORE 470132				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	05/03/2020	Effective Date	05/03/2020 00:00	Expiry Date	04/03/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	INSMART (INSURANCE) AGENC	Agent Tel.	68420766	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 132 #02-1263	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS SPRING
Address 4	SINGAPORE 470132	Address Type	Singapore address	Post Code	470132
Unit No.	02-1263	Related Policy Number	5116585155		

 Insured Object: SJY9712U

 Endorsements

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

Claim Handling

Accident MT/1102697

Policy No.	5116585155	Vehicle No.	SJY9712U	GST Registration No.	
Certificate No.					
Policyholder Name	LIM YAN LING			Policyholder NRIC	S9120792C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	96288665	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(%)	40	Private Hire	No
▼ Accident Details					
Report Date	08/09/2020 13:53	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	07/09/2020	Time of Accident hh:mm	17:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LAVENDER ST TWDS KALLANG				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	500.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	1100.00	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 132 #02-1263	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS SPRING
Address 4	SINGAPORE 470132	Address Type	Singapore address	Post Code	470132
Unit No.	02-1263	Related Policy Number	5116585155		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM CHYE POH	Driver NRIC	S1723621J	Driver DOB	21/12/1965
Register Date of Driver License	06/01/1984	Driver Age	54	Driving Experience	36
Contact No.(Mobile)	96510883	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 132	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS SPRING
Address 4	SINGAPORE 470132	Address Type	Singapore address	Post Code	470132
Unit No.	02-1263				
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	LIM YAN LING	Insured NRIC	S9120792C
Contact No.(Mobile)	96288665	Contact No.(Home)	68443880	Contact No.(Office)	
Email Address	yanlinggg@hotmail.com	OI Vehicle Number	SJY9712U	TP Vehicle Number	GBD2198E
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJY9712U / GBD2198E ON 7 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	08/09/2020 13:57	Claim Close Date		Date Received	08/09/2020 00:00
Report Taken By	Jackson				
☒ Print AK letter					

Save Submit

Attachment

Accident No. MT/1102697 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 08/09/2020 13:59

Path *	Category *	Confidential	Urgency *	Description *
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