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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
☐	5108295740-01	5108295740-01-000014	MODEST CAR LEASING PTE. LTD.	201900431D	GFM	Third Party	SJQ2869P	SJQ2869P	25/02/2020	24/02/2021

 Policy Information

Policy No.	5108295740-01	Policyholder Name	MODEST CAR LEASING PTE. LTD	Policyholder NRIC	201900431D
Certificate No.	5108295740-01-000014				
Address	421 TAGORE INDUSTRIAL AVENUE #01-21 TAGORE 8 SINGAPORE 787805				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	24/02/2020	Effective Date	25/02/2020 00:00	Expiry Date	24/02/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	CITY INSURANCE AGENCY PTE.	Agent Tel.	64598677	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

 Policyholder Mailing Address

Address 1	421 TAGORE INDUSTRIAL AVENUE	Address 2	#01-21 TAGORE 8	Address 3	SINGAPORE 787805
Address 4		Address Type	Singapore address	Post Code	787805
Unit No.	01-20	Related Policy Number	5108295740-01		

 Insured Object: 5108295740-01-000014

 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

Continue

Cancel

Claim Handling

Accident MT/1103005

Policy No.	5108295740-01	Vehicle No.	SJQ2869P	GST Registration No.	
Certificate No.	5108295740-01-000014				
Policyholder Name	MODEST CAR LEASING PTE. LTD.	Cover Type	Third Party	Policyholder NRIC	201900431D
Product Code	FLEET MASTER INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	☒ No ☐ Yes	eCode	
KFK	☒ No ☐ Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

▼ Accident Details

Report Date	11/09/2020 10:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	10/09/2020	Time of Accident hh:mm	14:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD AMK AVE 5 TWDS YIO CHU KANG RD				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	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	421 TAGORE INDUSTRIAL AVEN	Address 2	#01-21 TAGORE 8	Address 3	SINGAPORE 787805
Address 4		Address Type	Singapore address	Post Code	787805
Unit No.	01-20	Related Policy Number	5108295740-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUNIR SHAH BIN MUHAMMED F	Driver NRIC	S8623864J	Driver DOB	21/08/1986
Register Date of Driver License	09/10/2006	Driver Age	34	Driving Experience	13
Contact No.(Mobile)	90498785	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 633	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS TENAGA VILLE
Address 4	SINGAPORE 410633	Address Type	Singapore address	Post Code	410633
Unit No.	15-03				
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	MODEST CAR LEASING PTE. LTD	Insured NRIC	201900431D
Contact No.(Mobile)	81833239	Contact No.(Home)		Contact No.(Office)	+
Email Address	carrenting101@gmail.com	OI Vehicle Number	SJQ2869P	TP Vehicle Number	SLA699L
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJQ2869P / SLA699L ON 10 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	11/09/2020 10:08	Claim Close Date		Date Received	11/09/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1103005	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	11/09/2020 10:10

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	☐ NO ☒ YES	Normal	
Browse... Clear	Please Select	☐ NO ☒ YES	Normal	
Browse... Clear	Please Select	☐ NO ☒ YES	Normal	
Browse... Clear	Please Select	☐ NO ☒ YES	Normal	
Browse... Clear	Please Select	☐ NO ☒ YES	Normal	
Browse... Clear	Please Select	☐ NO ☒ YES	Normal	

