eBaoTech GeneralClaim

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Notice of Loss

Policy Query

Policy No. | Date of Accident: 11/09/2020 16:10
Vehicle No.(For Motor): GBE427C | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5118208660		ZERO DEGREES AIRCONDITIONING SVCS	52996070B	GCV	Comprehensive	GBE427C	GBE427C	19/08/2020	18/08/2021

Continue

Policy Information

Policy No.	5118208660	Policyholder Name	ZERO DEGREES AIRCONDITION	Policyholder NRIC	52996070B
Certificate No.					
Address	BLK 421 #08-423 CANBERRA ROAD SINGAPORE 750421				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy issue Date	15/07/2020	Effective Date	19/08/2020 00:00	Expiry Date	18/08/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	QUOTIGO PTE. LTD.	Agent Tel.	63853303	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 421 #08-423	Address 2	CANBERRA ROAD	Address 3	SINGAPORE 750421
Address 4		Address Type	Singapore address	Post Code	750421
Unit No.		Related Policy Number	5118208660		

Insured Object: GBE427C

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Accident MT/1103125

Policy No.	5118208660	Vehicle No.	GBE427C	GST Registration No.	
Certificate No.					
Policyholder Name	ZERO DEGREES AIRCONDITIONING SVCS			Policyholder NRIC	52996070B
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	90707658	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(%)	10	Private Hire	No

Accident Details

Report Date	12/09/2020 09:31	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	11/09/2020	Time of Accident hh:mm	16:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWDS AMK AVE 5				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	12/09/2020 09:33:04 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 421 #08-423	Address 2	CANBERRA ROAD	Address 3	SINGAPORE 750421
Address 4		Address Type	Singapore address	Post Code	750421
Unit No.		Related Policy Number	5118208660		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SOH BENG HUAT ANSON	Driver NRIC	S7516185I	Driver DOB	04/05/1975
Register Date of Driver License	13/10/1997	Driver Age	45	Driving Experience	22
Contact No.(Mobile)	90707658	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 394	Address 2	YISHUN AVENUE 6	Address 3	SINGAPORE 760394
Address 4		Address Type	Singapore address	Post Code	760394
Unit No.	07-1096				
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	ZERO DEGREES AIRCONDITION	Insured NRIC	52996070B
Contact No.(Mobile)	90707658	Contact No.(Home)		Contact No.(Office)	67597649
Email Address		OI Vehicle Number	GBE427C	TP Vehicle Number	SMH762M
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	GBE427C / SMH762M ON 11 Sept 2020			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	12/09/2020 09:33	Claim Close Date		Date Received	12/09/2020 00:00
Report Taken By	Jackson				

[✓] Print AK letter

Save Submit

Attachment

Accident No.	MT/1103125	Claim No.	001
Last Doc. Received	(•) Yes ( ) No	Upload Date	12/09/2020 09:34

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

Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	A
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Sep 2020 09:34	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-9-12		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Sep 2020 09:34	SAS		Normal	SAS 2020-9-12		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Sep 2020 09:34	Photos		Normal	Photos 2020-9-12		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Sep 2020 09:34	Photos		Normal	Photos 2020-9-12		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Sep 2020 09:34	Photos		Normal	Photos 2020-9-12		
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Sep 2020 09:34	Photos		Normal	Photos 2020-9-12		

Video List

Uploaded By/Date	Folder Date	File Name		Source	Actior

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