eBaoTech			GeneralClaim								
Hello, NAC_PAYA_UBI_80	0601						· Change	e Language	c · Chan	ge Password	› Log Out
My Desktop	Policy Query										
Notice of Loss	Policy N	lo.				Date of Accident			11/09/2020 12:15		
	Vehicle	No.(For Motor)	SJQ201	135		Certifi	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5116225010		KAII LEASING PTE LTD	201722408D	GPC	Third Party	SJQ2013S	SJQ2013S	17/02/2020	16/02/2021
					C	ontinue					

Sequen	Date of Endorsement Endorseme			Type Endorsement Status			Endorsement Content	
▼ Endorse	ements							
Insured	Object: SJQ2013S							
Jnit No.	02-02	Relate Numbe	d Policy er	5118859827				
Address 4			ss Type	Singapore address		Post Code	627605	
Address 1	1 SOON LEE STREET	Addres	ss 2	#02-02 PIONEER	CENTRE	Address 3	SINGAPORE 627605	
	older Mailing Address		Later and the second se		-			
Certificate Info								
Open Policy Info								
nsurance Flag	No							
Agent Co-	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777		GST Flag	Υ		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500				Inexperience Driver Excess	
Additional Excess		OS Premium	0					
Excess	1500	damage Excess	0		Excess	0		
Type Third Party		Excess Own			Windscreen			
ssue Date Excess	Per Accident	Date All Claims	51. 3550				2220	
Policy	14/02/2020	Effective	17/02/202	20 00:00		16/02/2021 23	:59	
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Address	1 SOON LEE STREET #02-02 P	ONEER CENTR	E SINGAPO	RE 627605				
Certificate No.		Name			NRIC			
Policy No.	5116225010	Policyholder Name	KAII LEAS	ING PTE LTD	Policyholder NRIC	201722408D		

ccident MT/1103145					
Policy No.	5116225010	Vehicle No.	SJQ2013S	GST Registration No.	
Certificate No.	3110223010	venice ivo.	53020155	031 Registration No.	
Policyholder Name	KAII LEASING PTE LTD			Policyholder NRIC	201722408D
roduct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
ontact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	No V
FK	No ○ Yes	TCA	No	eCode Reason	L
CD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details		Transmitted (10)		Private rine	163
eport Date	12/09/2020 11:58	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst garded
					Damaged whilst parked
ate of Accident	11/09/2020	Time of Accident hh:mm	12:15	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
ccident Location	GUL CIRCLE				
Total Excess Applicable	- And the second second	Species in region and agreement and the allowance of			
ccess Type	Per Accident	Windscreen Excess	0.00		
Standard Excess	0.00	TP Standard Excess	1,500.00		
ED OD Excess	0.00	YIED TP Excess	1,555.55	Driver is Covered?	
dditional Excess	0.00	TIED IF EXCESS		Driver is covered?	
otal OD Excess Applicable	0.00	Total TD Evenes Applicable			
Benefits	0.00	Total TP Excess Applicable			
	**				
GST Registered Informa			CCT		
T Registered T Registration No.	No		GST Registration Date GST Status Verified	Yes	
odification History	12/09/2020 11:59:07 Syste	m changed GST Status Verified from		163	
Policyholder Mailing Ad	dress				
ddress 1	1 SOON LEE STREET	Address 2	#02-02 PIONEER CENTRE	Address 3	SINGAPORE 627605
ddress 4		Address Type	Singapore address	Post Code	627605
nit No.	02-02	Related Policy Number	5118859827		
OI Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
nnamed driver Name	TEO SHI LING, KETTY	Driver NRIC	S8512879E	Driver DOB	28/04/1985
gister Date of Driver License		Driver Age	35	Driving Experience	16
entact No.(Mobile)	97917078	Contact No.(Office)	0	Contact No.(Home)	0
idress 1	BLK 609	Address 2	JURONG WEST STREET 65		SINGAPORE 640609
ddress 4	BLK 609	Address Type	Singapore address	Address 3 Post Code	640609
nit No.	03-548	Address Type	Singapore address	Post Code	040009
oes he own a Singapore		Driver Vehicle No.		San Language	
egistered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
reathalyser or Blood Test	•	4	6		
eading?	0 mg	Any injury?	Yes ○ No		
odification History					
11, 0000 %					
Claim 001 New					
		2 020		77	
aim Type *	OD-MX	Insured Name	KAII LEASING PTE LTD	Insured NRIC	201722408D
ontact No.(Mobile)	90081449	Contact No.(Home)	NIL	Contact No.(Office)	NIL
nail Address aimant Type Claimant Type *	Please Select	OI Vehicle Number Type of Benefit *	SJQ2013S Please Select	TP Vehicle Number	XD9887T
aimant Type Claimant Type *	Please Select >>	Claimant NRIC +			
aimant Address					
aim Description	SJQ2013S / XD9887T ON 11 Sept 2020		- Communication of the Communi	Name of Preferred Workshop	
eferred Workshop Contact		Insured Liability *	Not at Fault	CONTRACTOR SECURITIES OF THE S	<u> </u>
).	Voc			CIA mana	Constant Constant
equire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
ate Registered	12/09/2020 11:59	Claim Close Date		Date Received	12/09/2020 00:00
port Taken By	Jackson				
Print AK letter					
			Caus Cilbrate		
			Save Submit		
26					
Attachment					
•	MT/11/03145	Claim No.	001		
ccident No.	MT/1103145	Claim No.	001		
ccident No.	● Yes ○ No	Claim No. Upload Date	12/09/2020 12:01		
cident No.		Upload Date	12/09/2020 12:01 Category •	Confidential Urgeno	
cident No.	● Yes ○ No		12/09/2020 12:01 Category •	Confidential Urgenc	cy * Description
cident No.	● Yes ○ No	Upload Date	12/09/2020 12:01 Category • Clear Please Select	NO V Normal	
cident No.	● Yes ○ No	Upload Date Browse.	12/09/2020 12:01 Category • Clear Please Select Clear Please S	NO V Normal	▼ [
cident No.	● Yes ○ No	Upload Date Browse. Browse.	12/09/2020 12:01 Category • Clear Please Select Clear Please Select Clear Please Select	NO	<u> </u>
Attachment ccident No. ist Doc. Received	● Yes ○ No	Upload Date Browse. Browse.	12/09/2020 12:01 Category • Clear Please Select Clear Please S	NO	Y

