

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 |
|-----------------------|---------------|--------------------|--------------------------------|-------------------|---------|------------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5062688327-06 |                    | LEO JEE LAN<br>MRS.LEE KOK HUA | S0030168Z         | GPC     | drivo<br>CLASSIC | SJA5611E    | SJA5611E       | 13/12/2019    | 12/12/2020  |

 Policy Information

|                             |                                                                   |                             |                             |                                  |                  |
|-----------------------------|-------------------------------------------------------------------|-----------------------------|-----------------------------|----------------------------------|------------------|
| Policy No.                  | 5062688327-06                                                     | Policyholder Name           | LEO JEE LAN MRS.LEE KOK HUA | Policyholder NRIC                | S0030168Z        |
| Certificate No.             |                                                                   |                             |                             |                                  |                  |
| Address                     | BLK 319 #11-346 SERANGOON AVENUE 2 CHUAN VILLAGE SINGAPORE 550319 |                             |                             |                                  |                  |
| Product Name                | PRIVATE CAR INSURANCE                                             | Plan                        |                             | Group Policy Flag                | N                |
| Policy issue Date           | 03/11/2019                                                        | Effective Date              | 13/12/2019 00:00            | Expiry Date                      | 12/12/2020 23:59 |
| Excess Type                 | Per Accident                                                      | All Claims Excess           |                             |                                  |                  |
| Third Party Excess          | 0.0                                                               | Own damage Excess           | 600.0                       | Windscreen Excess                | 100.0            |
| Additional Excess           | 0                                                                 | OS Premium                  | 0                           |                                  |                  |
| Outside Singapore OD Excess | 600.0                                                             | Outside Singapore TP Excess | 0.0                         | Young/Inexperience Driver Excess |                  |
| Agent                       | D I INSURANCE AGENCY                                              | Agent Tel.                  | 67486961                    | GST Flag                         | Y                |
| Co-insurance Flag           | No                                                                |                             |                             |                                  |                  |
| Open Policy Info            |                                                                   |                             |                             |                                  |                  |
| Certificate Info            |                                                                   |                             |                             |                                  |                  |

 Policyholder Mailing Address

|           |                  |                       |                    |           |               |
|-----------|------------------|-----------------------|--------------------|-----------|---------------|
| Address 1 | BLK 319 #11-346  | Address 2             | SERANGOON AVENUE 2 | Address 3 | CHUAN VILLAGE |
| Address 4 | SINGAPORE 550319 | Address Type          | Singapore address  | Post Code | 550319        |
| Unit No.  |                  | Related Policy Number | 5062688327-06      |           |               |

 Insured Object: SJA5611E

 Endorsements

| Sequence                              | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|---------------------------------------|---------------------|------------------|--------------------|---------------------|
| <div>Continue</div> <div>Cancel</div> |                     |                  |                    |                     |

## Claim Handling

Accident MT/1103404

|                                         |                                                               |                               |                                                               |                        |                      |
|-----------------------------------------|---------------------------------------------------------------|-------------------------------|---------------------------------------------------------------|------------------------|----------------------|
| Policy No.                              | 5062688327-06                                                 | Vehicle No.                   | SJA5611E                                                      | GST Registration No.   |                      |
| Certificate No.                         |                                                               |                               |                                                               |                        |                      |
| Policyholder Name                       | LEO JEE LAN MRS.LEE KOK HUA                                   |                               |                                                               | Policyholder NRIC      | S0030168Z            |
| Product Code                            | PRIVATE CAR INSURANCE                                         | Cover Type                    | drive CLASSIC                                                 | Loading                | 0                    |
| Contact No.(Mobile)                     | 97913171                                                      | Contact No.(Office)           | 0                                                             | Contact No.(Home)      | 0                    |
| Email Address                           |                                                               | Special Remark                |                                                               | eCode                  | <input type="text"/> |
| KFK                                     | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA                           | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason           |                      |
| NCD Protection                          | Yes                                                           | NCD Entitlement(%)            | 50                                                            | Private Hire           | No                   |
| <b>▼ Accident Details</b>               |                                                               |                               |                                                               |                        |                      |
| Report Date                             | 15/09/2020 11:29                                              | Accident Report Within 24 hrs | Yes                                                           | Accident Type          | Chain Collision      |
| Date of Accident                        | 14/09/2020                                                    | Time of Accident hh:mm        | 14:50                                                         | Country of Accident    | Singapore            |
| Reporting Centre                        |                                                               | Orange Force                  |                                                               | ICM No.                |                      |
| Accident Location                       | CTE TWDS CITY BEFORE BRADDELL RD EXIT                         |                               |                                                               |                        |                      |
| <b>▼ Total Excess Applicable</b>        |                                                               |                               |                                                               |                        |                      |
| 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                | 0.00                                                          | Driver is Covered?     | Covered              |
| Additional Excess                       | 0                                                             |                               |                                                               |                        |                      |
| Total OD Excess Applicable              | 600.00                                                        | Total TP Excess Applicable    | 0.00                                                          |                        |                      |
| <b>▼ Benefits</b>                       |                                                               |                               |                                                               |                        |                      |
| <b>▼ GST Registered Information</b>     |                                                               |                               |                                                               |                        |                      |
| GST Registered                          | No                                                            | GST Registration Date         |                                                               |                        |                      |
| GST Registration No.                    |                                                               | GST Status Verified           | Yes                                                           |                        |                      |
| Modification History                    |                                                               |                               |                                                               |                        |                      |
| <b>▼ Policyholder Mailing Address</b>   |                                                               |                               |                                                               |                        |                      |
| Address 1                               | BLK 319 #11-346                                               | Address 2                     | SERANGOON AVENUE 2                                            | Address 3              | CHUAN VILLAGE        |
| Address 4                               | SINGAPORE 550319                                              | Address Type                  | Singapore address                                             | Post Code              | 550319               |
| Unit No.                                |                                                               | Related Policy Number         | 5062688327-06                                                 |                        |                      |
| <b>▼ OI Driver Info</b>                 |                                                               |                               |                                                               |                        |                      |
| Driver Name                             | LEO JEE LAN                                                   | Driver Type                   | Main Driver                                                   |                        |                      |
| Unnamed driver Name                     |                                                               | Driver NRIC                   | S0030168Z                                                     | Driver DOB             | 11/10/1946           |
| Register Date of Driver License         | 23/03/1970                                                    | Driver Age                    | 73                                                            | Driving Experience     | 50                   |
| Contact No.(Mobile)                     | 97913171                                                      | Contact No.(Office)           | 0                                                             | Contact No.(Home)      | 0                    |
| Address 1                               | BLK 319                                                       | Address 2                     | SERANGOON AVENUE 2                                            | Address 3              | CHUAN VILLAGE        |
| Address 4                               | SINGAPORE 550319                                              | Address Type                  | Singapore address                                             | Post Code              | 550319               |
| Unit No.                                | 11-346                                                        |                               |                                                               |                        |                      |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.            |                                                               | Driver Insurer Company |                      |
| Declaration                             |                                                               |                               |                                                               |                        |                      |
| Breathalyser or Blood Test Reading?     | 0 mg                                                          | Any injury?                   | <input checked="" type="radio"/> Yes <input type="radio"/> No |                        |                      |

Modification History

Claim 001 **New**

|                                                     |                                     |                         |                                  |                            |                  |
|-----------------------------------------------------|-------------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type *                                        | OD-MX                               | Insured Name            | LEO JEE LAN MRS.LEE KOK HUA      | Insured NRIC               | S0030168Z        |
| Contact No.(Mobile)                                 | 97913171                            | Contact No.(Home)       | 62890529                         | Contact No.(Office)        |                  |
| Email Address                                       | leojeelan@yahoo.com.sg              | OI Vehicle Number       | SJA5611E                         | TP Vehicle Number          | GBF8614X         |
| Claimant Type Claimant Type *                       | Please Select                       | Type of Benefit *       | Please Select                    |                            |                  |
| Claimant Name *                                     |                                     | Claimant NRIC *         |                                  |                            |                  |
| Claimant Address                                    |                                     |                         |                                  |                            |                  |
| Claim Description                                   | SJA5611E / GBF8614X ON 14 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                                     | 15/09/2020 11:31                    | Claim Close Date        |                                  | Date Received              | 15/09/2020 00:00 |
| Report Taken By                                     | Jackson                             |                         |                                  |                            |                  |
| <input checked="" type="checkbox"/> Print AK letter |                                     |                         |                                  |                            |                  |

Save Submit

## Attachment

|                    |                                                               |               |                  |              |           |               |
|--------------------|---------------------------------------------------------------|---------------|------------------|--------------|-----------|---------------|
| Accident No.       | MT/1103404                                                    | Claim No.     | 001              |              |           |               |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date   | 15/09/2020 11:32 |              |           |               |
| 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       |           |               |

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## Attachment List

| Attachment                                                                        | Uploaded By/Date                                                                | Category              |   | Urgency | Description                     | Msg Sent? (CO) |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------|---|---------|---------------------------------|----------------|
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Sep 2020 11:32 | NRIC/ Driving License | Y | Normal  | NRIC/ Driving License 2020-9-15 |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Sep 2020 11:32 | SAS                   |   | Normal  | SAS 2020-9-15                   |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Sep 2020 11:31 | Photos                |   | Normal  | Photos 2020-9-15                |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Sep 2020 11:31 | Photos                |   | Normal  | Photos 2020-9-15                |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Sep 2020 11:31 | Photos                |   | Normal  | Photos 2020-9-15                |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Sep 2020 11:31 | Photos                |   | Normal  | Photos 2020-9-15                |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Sep 2020 11:31 | Photos                |   | Normal  | Photos 2020-9-15                |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Sep 2020 11:31 | Photos                |   | Normal  | Photos 2020-9-15                |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Sep 2020 11:31 | Photos                |   | Normal  | Photos 2020-9-15                |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Sep 2020 11:31 | Photos                |   | Normal  | Photos 2020-9-15                |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Sep 2020 11:31 | Photos                |   | Normal  | Photos 2020-9-15                |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Sep 2020 11:31 | Photos                |   | Normal  | Photos 2020-9-15                |                |

## Video List

| Uploaded By/Date | Folder Date | File Name |  | Source | Action |
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