

eBaoTech

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
☐	5117287452		CHILLI API CATERING PTE LTD	200208964G	GCV	Preferred Workshop Plan	GBJ4644P	GBJ4644P	29/04/2020	28/04/2021

Claim Handling

Accident MT/1102900

Policy No.	5117287452	Vehicle No.	GBJ4644P	GST Registration No.	200208964G
Certificate No.					
Policyholder Name	CHILLI API CATERING PTE LTD			Policyholder NRIC	200208964G
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
▼ Accident Details					
Report Date	10/09/2020 10:14	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	02/09/2020	Time of Accident hh:mm	12:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG PIE (TUAS)				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	Yes	GST Registration Date	01/02/2005		
GST Registration No.	200208964G	GST Status Verified	Yes		
Modification History	10/09/2020 10:14:46 System changed GST Registered from No to Yes 10/09/2020 10:14:46 System changed GST Registration No. from null to 200208964G 10/09/2020 10:14:46 System changed GST Registration Date from null to 01/02/2005				
▼ Policyholder Mailing Address					
Address 1	3015 BEDOK NORTH STREET 5	Address 2	#06-27 SHIMEI EAST KITCHEN	Address 3	SINGAPORE 486350
Address 4		Address Type	Singapore address	Post Code	486350
Unit No.		Related Policy Number	5084062729-04		
▼ O1 Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Company	
Modification History					

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	CHILLI API CATERING PTE LTD	Insured NRIC	200208964G
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	62479531
Email Address	judy@chillipadi.com.sg	O1 Vehicle Number	GBJ4644P	TP Vehicle Number	
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBJ4644P ON 2 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	22/09/2020 13:53	Claim Close Date		Date Received	22/09/2020 00:00
Report Taken By	Jackson				
☒ Print AK letter					

Save Submit

Attachment

Accident No.	MT/1102900	Claim No.	002																																					
Last Doc. Received	☒ Yes ☐ No	Upload Date	22/09/2020 14:01																																					
<table border="0"> <thead> <tr> <th>Path *</th> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						Path *	Category *	Confidential	Urgency *	Description *																														
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Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent?																																			

(CO)

	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 22 Sep 2020 14:01	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-9-22
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Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	