

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
☐	5118875189		STALLION LOGISTICS SVCS PTE LTD	201843253Z	GCV	Comprehensive	GBH9825L	GBH9825L	03/09/2020	02/09/2021

Policy Information

Policy No.	5118875189	Policyholder Name	STALLION LOGISTICS SVCS PTE	Policyholder NRIC	201843253Z
Certificate No.					
Address	7 YISHUN INDUSTRIAL STREET 1 #01-32 NORTH SPRING BIZHUB SINGAPORE 768162				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy issue Date	03/09/2020	Effective Date	03/09/2020 00:00	Expiry Date	02/09/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	1436.77		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	7 YISHUN INDUSTRIAL STREET	Address 2	#01-32 NORTH SPRING BIZHUE	Address 3	SINGAPORE 768162
Address 4		Address Type	Singapore address	Post Code	768162
Unit No.	01-32	Related Policy Number	5118875189		

Insured Object: GBH9825L

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
Continue Cancel				

Claim Handling

The premium on this policy has not been collected.

Accident MT/1104610

Policy No.	5118875189	Vehicle No.	GBH9825L	GST Registration No.	
Certificate No.					
Policyholder Name	STALLION LOGISTICS SVCS PTE LTD			Policyholder NRIC	201843253Z
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	93801487	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	NC
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	25/09/2020 17:05	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	25/09/2020	Time of Accident hh:mm	10:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MCE EXIT TELOK BLANGAH RD				

▼ 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	25/09/2020 17:07:11 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	7 YISHUN INDUSTRIAL STREET	Address 2	#01-32 NORTH SPRING BIZHUE	Address 3	SINGAPORE 768162
Address 4		Address Type	Singapore address	Post Code	768162
Unit No.	01-32	Related Policy Number	5118875189		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KIU WEI MIN (QIU WEIMIN)	Driver NRIC	S7522425G	Driver DOB	19/07/1975
Register Date of Driver License	30/03/2012	Driver Age	45	Driving Experience	8
Contact No.(Mobile)	97975258	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 224B	Address 2	SUMANG LANE	Address 3	MATILDA EDGE
Address 4	SINGAPORE 822224	Address Type	Singapore address	Post Code	822224
Unit No.	16-117				
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	STALLION LOGISTICS SVCS PTE	Insured NRIC	201843253Z
Contact No.(Mobile)		Contact No.(Home)	98834160	Contact No.(Office)	
Email Address		OI Vehicle Number	GBH9825L	TP Vehicle Number	SMU4060K
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	GBH9825L / SMU4060K ON 25 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	25/09/2020 17:08	Claim Close Date		Date Received	25/09/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1104610	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	25/09/2020 17:10

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		

Message Model

Browse... Clear Please Select NO Normal

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 25 Sep 2020 17:10	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-9-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 25 Sep 2020 17:09	SAS	Normal	SAS 2020-9-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 25 Sep 2020 17:09	Photos	Normal	Photos 2020-9-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 25 Sep 2020 17:09	Photos	Normal	Photos 2020-9-25	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 25 Sep 2020 17:08	Photos	Normal	Photos 2020-9-25	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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