

eBaoTech

GeneralClaim

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## Policy Query

|                                         |                                       |                    |                                               |                   |         |               |             |                |               |             |
|-----------------------------------------|---------------------------------------|--------------------|-----------------------------------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| Policy No.                              | <input type="text"/>                  | Date of Accident   | <input type="text" value="26/09/2020 00:45"/> |                   |         |               |             |                |               |             |
| Vehicle No. (For Motor)                 | <input type="text" value="SMJ2404Z"/> | Certificate Number | <input type="text"/>                          |                   |         |               |             |                |               |             |
| <input type="button" value="Search"/>   |                                       |                    |                                               |                   |         |               |             |                |               |             |
| Select                                  | Policy No.                            | Certificate Number | Policyholder Name                             | Policyholder NRIC | Product | Cover Type    | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| <input type="radio"/>                   | 5107696136-01                         |                    | HDBTERMINAL                                   | 53369903K         | GPC     | drive CLASSIC | SMJ2404Z    | SMJ2404Z       | 26/02/2020    | 25/02/2021  |
| <input type="button" value="Continue"/> |                                       |                    |                                               |                   |         |               |             |                |               |             |

 Policy Information

|                             |                                                               |                             |                  |                                  |                  |
|-----------------------------|---------------------------------------------------------------|-----------------------------|------------------|----------------------------------|------------------|
| Policy No.                  | 5107696136-01                                                 | Policyholder Name           | HDBTERMINAL      | Policyholder NRIC                | 53369903K        |
| Certificate No.             |                                                               |                             |                  |                                  |                  |
| Address                     | BLK 592C #17-32 MONTREAL LINK MONTREAL VILLE SINGAPORE 753592 |                             |                  |                                  |                  |
| Product Name                | PRIVATE CAR INSURANCE                                         | Plan                        |                  | Group Policy Flag                | N                |
| Policy Issue Date           | 30/01/2020                                                    | Effective Date              | 26/02/2020 00:00 | Expiry Date                      | 25/02/2021 23:59 |
| Excess Type                 | Per Accident                                                  | All Claims Excess           |                  |                                  |                  |
| Third Party Excess          | 1500                                                          | Own damage Excess           | 2000             | Windscreen Excess                | 100              |
| Additional Excess           | 1500                                                          | OS Premium                  | 0                |                                  |                  |
| Outside Singapore OD Excess | 2000                                                          | Outside Singapore TP Excess | 1500             | Young/Inexperience Driver Excess |                  |
| Agent                       | JG MOTOR AGENCY                                               | Agent Tel.                  | 63440727         | GST Flag                         | Y                |
| Co-insurance Flag           | No                                                            |                             |                  |                                  |                  |
| Open Policy Info            |                                                               |                             |                  |                                  |                  |
| Certificate Info            |                                                               |                             |                  |                                  |                  |

 Policyholder Mailing Address

|           |                  |                       |                   |           |                |
|-----------|------------------|-----------------------|-------------------|-----------|----------------|
| Address 1 | BLK 592C #17-32  | Address 2             | MONTREAL LINK     | Address 3 | MONTREAL VILLE |
| Address 4 | SINGAPORE 753592 | Address Type          | Singapore address | Post Code | 753592         |
| Unit No.  | 17-32            | Related Policy Number | 5107696136-01     |           |                |

 Insured Object: SMJ2404Z

 Endorsements

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

## Claim Handling

Accident MT/1104680

|                                  |                                                               |                               |                                                               |                      |                                 |
|----------------------------------|---------------------------------------------------------------|-------------------------------|---------------------------------------------------------------|----------------------|---------------------------------|
| Policy No.                       | 5107696136-01                                                 | Vehicle No.                   | SMJ2404Z                                                      | GST Registration No. | 53369903K                       |
| Certificate No.                  |                                                               |                               |                                                               |                      |                                 |
| Policyholder Name                | HDBTERMINAL                                                   |                               |                                                               | Policyholder NRIC    | 53369903K                       |
| Product Code                     | PRIVATE CAR INSURANCE                                         | Cover Type                    | drive CLASSIC                                                 | Loading              | 0                               |
| Contact No.(Mobile)              | 92718723                                                      | Contact No.(Office)           | 0                                                             | Contact No.(Home)    | 0                               |
| Email Address                    |                                                               | Special Remark                |                                                               | eCode                | Nil                             |
| KFK                              | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA                           | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason         |                                 |
| NCD Protection                   | No                                                            | NCD Entitlement(%)            | 20                                                            | Private Hire         | Yes                             |
| <b>▼ Accident Details</b>        |                                                               |                               |                                                               |                      |                                 |
| Report Date                      | 26/09/2020 16:19                                              | Accident Report Within 24 hrs | Yes                                                           | Accident Type        | Collision - Change / Cross lane |
| Date of Accident                 | 26/09/2020                                                    | Time of Accident hh:mm        | 00:45                                                         | Country of Accident  | Singapore                       |
| Reporting Centre                 |                                                               | Orange Force                  |                                                               | ICM No.              |                                 |
| Accident Location                | JUNC SEMBAWANG WAY & ADMIRALTY DR                             |                               |                                                               |                      |                                 |
| <b>▼ Total Excess Applicable</b> |                                                               |                               |                                                               |                      |                                 |
| Excess Type                      | Per Accident                                                  | Windscreen Excess             | 100.00                                                        |                      |                                 |
| OD Standard Excess               | 2,000.00                                                      | TP Standard Excess            | 1,500.00                                                      |                      |                                 |
| YIED OD Excess                   | 0.00                                                          | YIED TP Excess                |                                                               | Driver is Covered?   |                                 |
| Additional Excess                | 1500                                                          |                               |                                                               |                      |                                 |
| Total OD Excess Applicable       | 3500.00                                                       | Total TP Excess Applicable    |                                                               |                      |                                 |

## Benefits

## GST Registered Information

|                      |                                                                                                                                                                                                                                        |                       |     |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----|
| GST Registered       | No                                                                                                                                                                                                                                     | GST Registration Date |     |
| GST Registration No. |                                                                                                                                                                                                                                        | GST Status Verified   | Yes |
| Modification History | 26/09/2020 16:21:09 System changed GST Registered from Yes to No<br>26/09/2020 16:21:09 System changed GST Registration No. from 53369903K to null<br>26/09/2020 16:21:09 System changed GST Registration Date from 07/09/2017 to null |                       |     |

## Policyholder Mailing Address

|           |                  |                       |                   |           |                |
|-----------|------------------|-----------------------|-------------------|-----------|----------------|
| Address 1 | BLK 592C #17-32  | Address 2             | MONTREAL LINK     | Address 3 | MONTREAL VILLE |
| Address 4 | SINGAPORE 753592 | Address Type          | Singapore address | Post Code | 753592         |
| Unit No.  | 17-32            | Related Policy Number | 5107696136-01     |           |                |

## OI Driver Info

|                                         |                                                               |                     |                   |                        |                |
|-----------------------------------------|---------------------------------------------------------------|---------------------|-------------------|------------------------|----------------|
| Driver Name                             | Unnamed Driver                                                | Driver Type         | Unnamed Driver    |                        |                |
| Unnamed driver Name                     | LIM KOON BENG, NORMAN (LIN                                    | Driver NRIC         | S7336778F         | Driver DOB             | 06/10/1973     |
| Register Date of Driver License         | 08/08/1997                                                    | Driver Age          | 46                | Driving Experience     | 23             |
| Contact No.(Mobile)                     | 92718723                                                      | Contact No.(Office) | 0                 | Contact No.(Home)      | 0              |
| Address 1                               | BLK 592C                                                      | Address 2           | MONTREAL LINK     | Address 3              | MONTREAL VILLE |
| Address 4                               | SINGAPORE 753592                                              | Address Type        | Singapore address | Post Code              | 753592         |
| Unit No.                                | 17-32                                                         |                     |                   |                        |                |
| 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            | HDBTERMINAL                      | Insured NRIC               | 53369903K        |
| Contact No.(Mobile)            |                                     | Contact No.(Home)       |                                  | Contact No.(Office)        | 68344432         |
| Email Address                  |                                     | OI Vehicle Number       | SMJ2404Z                         | TP Vehicle Number          | SHD4482A         |
| Claimant Type Claimant *       | Please Select                       | Type of Benefit *       | Please Select                    |                            |                  |
| Claimant Name *                |                                     | Claimant NRIC *         |                                  |                            |                  |
| Claimant Address               |                                     |                         |                                  |                            |                  |
| Claim Description              | SMJ2404Z / SHD4482A ON 26 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                | 26/09/2020 16:21                    | Claim Close Date        |                                  | Date Received              | 26/09/2020 00:00 |
| Report Taken By                | Jackson                             |                         |                                  |                            |                  |

☒ Print AK letter**Save** **Submit**

## Attachment

|                    |                                                               |             |                  |           |               |  |
|--------------------|---------------------------------------------------------------|-------------|------------------|-----------|---------------|--|
| Accident No.       | MT/1104680                                                    | Claim No.   | 001              |           |               |  |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 26/09/2020 16:24 |           |               |  |
| 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        |  |

