

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.		Date of Accident	26/09/2020 14:40							
Vehicle No.(For Motor)	SMN307M	Certificate Number								
Search										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5108785749-01	5108785749-01-000022	AUTO ALLIANCE LEASING PTE. LTD.	201903807W	GFM	drivo CLASSIC	SMN307M	SMN307M	10/04/2020	09/04/2021
Continue										

 Policy Information

Policy No.	5108785749-01	Policyholder Name	AUTO ALLIANCE LEASING PTE. I		Policyholder NRIC	201903807W
Certificate No.	5108785749-01-000022					
Address	210 TURF CLUB ROAD #LOT-c5 THE GRANDSTAND SINGAPORE 287995					
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N	
Policy issue Date	06/04/2020	Effective Date	10/04/2020 00:00	Expiry Date	09/04/2021 23:59	
Excess Type	Per Accident	All Claims Excess				
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100	
Additional Excess	0	OS Premium	12309.82			
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess	
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592	GST Flag	Y	
Co-insurance Flag	No					
Open Policy Info						
Certificate Info						

 Policyholder Mailing Address

Address 1	55 YUK TONG AVENUE	Address 2	AIRVIEW PARK	Address 3	SINGAPORE 596356
Address 4		Address Type	Singapore address	Post Code	596356
Unit No.		Related Policy Number	5108785749-01		

► Insured Object: 5108785749-01-000022

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
 Certificate Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Accident MT/1104843

Policy No.	5108785749-01	Vehicle No.	SMN307M	GST Registration No.	
Certificate No.	5108785749-01-000022				
Policyholder Name	AUTO ALLIANCE LEASING PTE. LTD.			Policyholder NRIC	201903807W
Product Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	0	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	Yes
▼ Accident Details					
Report Date	28/09/2020 17:29	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	26/09/2020	Time of Accident hh:mm	14:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALEXANDRA IKEA BASEMENT CARPARK				
▼ Total Excess Applicable					
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	0.00				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable			
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

▼ Policyholder Mailing Address					
Address 1	55 YUK TONG AVENUE	Address 2	AIRVIEW PARK	Address 3	SINGAPORE 596356
Address 4		Address Type	Singapore address	Post Code	596356
Unit No.		Related Policy Number	5108785749-01		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	13/07/1974
Unnamed driver Name	KOH GEE JONG (XU YURONG)	Driver NRIC	S74227522	Driving Experience	25
Register Date of Driver License	22/05/1995	Driver Age	46	Contact No.(Home)	0
Contact No.(Mobile)	87880082	Contact No.(Office)	0	Address 3	SINGAPORE 520436
Address 1	BLK 436	Address 2	TAMPINES STREET 43	Post Code	520436
Address 4		Address Type	Singapore address		
Unit No.	04-109				
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		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	AUTO ALLIANCE LEASING PTE.	Insured NRIC	201903807W
Contact No.(Mobile)	97552383	Contact No.(Home)		Contact No.(Office)	64661009
Email Address		OI Vehicle Number	SMN307M	TP Vehicle Number	SKV4475R
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMN307M / SKV4475R 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	28/09/2020 17:31	Claim Close Date		Date Received	28/09/2020 17:33
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
☒ Print AK letter					

Save Submit

Attachment

Accident No.	MT/1104843	Claim No.	001	
Last Doc. Received	☒ Yes ☐ No	Upload Date	28/09/2020 17:34	
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	

