

Hello, NAC_PAYA_UBI_800601

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Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5116173717		BRIGHTON DRY CLEAN & LAUNDRY FACTORY PTE LTD	200509439W	GCV	Comprehensive	YQ395A	YQ395A	06/03/2020	05/03/2021

Continue

Policy Information

Policy No.	5116173717	Policyholder Name	BRIGHTON DRY CLEAN & LAUNDRY	Policyholder NRIC	200509439W
Certificate No.					
Address	51 UBI AVENUE 1 #01-20 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	20/02/2020	Effective Date	06/03/2020 00:00	Expiry Date	05/03/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	1500	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	51 UBI AVENUE 1	Address 2	#01-20 PAYA UBI INDUSTRIAL	Address 3	SINGAPORE 408933
Address 4		Address Type	Singapore address	Post Code	408933
Unit No.		Related Policy Number	5118507248		

Insured Object: YQ395A

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>				

Claim Handling

Accident MT/1105046

Policy No.	5116173717	Vehicle No.	YQ395A	GST Registration No.	
Certificate No.					
Policyholder Name	BRIGHTON DRY CLEAN & LAUNDRY FACTORY PTE LTD			Policyholder NRIC	200509439W
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	68443950	Contact No.(Home)	0
Email Address		Special Remark		eCode	NC
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(%)	10	Private Hire	No

Accident Details

Report Date	30/09/2020 11:20	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	29/09/2020	Time of Accident hh:mm	21:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UBI RD 1				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00
OD Standard Excess	1,500.00	TP Standard Excess	0.00
YIED OD Excess	1000.00	YIED TP Excess	
Additional Excess			
Total OD Excess Applicable	2500.00	Total TP Excess Applicable	

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	14/10/2013
GST Registration No.	200509439W	GST Status Verified	Yes

Modification History
 30/09/2020 11:23:31 System changed GST Registered from No to Yes
 30/09/2020 11:23:31 System changed GST Registration No. from null to 200509439W
 30/09/2020 11:23:31 System changed GST Registration Date from null to 14/10/2013

Policyholder Mailing Address

Address 1	51 UBI AVENUE 1	Address 2	#01-20 PAYA UBI INDUSTRIAL I	Address 3	SINGAPORE 408933
Address 4		Address Type	Singapore address	Post Code	408933
Unit No.		Related Policy Number	5118507248		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	05/04/1991
Unnamed driver Name	ZHANG FANGLIANG	Driver NRIC	G8910048N	Driving Experience	0
Register Date of Driver License	06/04/2020	Driver Age	29	Contact No.(Home)	0
Contact No.(Mobile)	85909823	Contact No.(Office)	0	Address 1	51 UBI AVENUE 1
Address 1	51 UBI AVENUE 1	Address 2	PAYA UBI INDUSTRIAL PARK	Address 3	SINGAPORE 408933
Address 4		Address Type	Singapore address	Post Code	408933
Unit No.	01-20				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	BRIGHTON DRY CLEAN & LAUN	Insured NRIC	200509439W
Contact No.(Mobile)	90494469	Contact No.(Home)		Contact No.(Office)	68443950
Email Address		OI Vehicle Number	YQ395A	TP Vehicle Number	SJQ3497Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	YQ395A / SJQ3497Y ON 29 Sept 2020			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	30/09/2020 11:24	Claim Close Date		Date Received	30/09/2020 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1105046	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/09/2020 11:26

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	

