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GeneralClaim

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Policy Query

Policy No.		Date of Accident	30/09/2020 12:50							
Vehicle No.(For Motor)	SGK1929Z	Certificate Number								
Search										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5108513949-01		THUM MENG POK	S1384511E	GPC	drivo CLASSIC	SGK1929Z	SGK1929Z	29/06/2020	28/06/2021
Continue										

 Policy Information

Policy No.	5108513949-01	Policyholder Name	THUM MENG POK	Policyholder NRIC	S1384511E
Certificate No.					
Address	BLK 754 #04-124 PASIR RIS STREET 71 SINGAPORE 510754				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	16/06/2020	Effective Date	29/06/2020 00:00	Expiry Date	28/06/2021 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	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	TELESALES-DIRECT MARKETING	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 754 #04-124	Address 2	PASIR RIS STREET 71	Address 3	SINGAPORE 510754
Address 4		Address Type	Singapore address	Post Code	510754
Unit No.		Related Policy Number	5108513949-01		

 Insured Object: **SGK1929Z**
 Endorsements

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

Claim Handling

Accident MT/1105160

Policy No.	5108513949-01	Vehicle No.	SGK1929Z	GST Registration No.	
Certificate No.					
Policyholder Name	THUM MENG POK			Policyholder NRIC	S1384511E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	94889343	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	Yes
▼ Accident Details					
Report Date	01/10/2020 09:38	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	30/09/2020	Time of Accident hh:mm	12:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOYANG POINT MULTISTORY 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	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

▼ Benefits**▼ GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 754 #04-124	Address 2	PASIR RIS STREET 71	Address 3	SINGAPORE 510754
Address 4		Address Type	Singapore address	Post Code	510754
Unit No.		Related Policy Number	5108513949-01		

▼ OI Driver Info

Driver Name	THUM MENG POK	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1384511E	Driver DOB	18/08/1959
Register Date of Driver License	21/06/1977	Driver Age	61	Driving Experience	43
Contact No.(Mobile)	94889343	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 754	Address 2	PASIR RIS STREET 71	Address 3	SINGAPORE 510754
Address 4		Address Type	Singapore address	Post Code	510754
Unit No.	04-124				
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
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Claim Type *	OD-MX	Insured Name	THUM MENG POK	Insured NRIC	S1384511E	
Contact No.(Mobile)	94889343	Contact No.(Home)	65856396	Contact No.(Office)		
Email Address	kelvinthum@gmail.com	OI Vehicle Number	SGK1929Z	TP Vehicle Number	SJW3876E	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SGK1929Z / SJW3876E ON 30 Sept 2020				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	01/10/2020 09:40	Claim Close Date		Date Received	01/10/2020 00:00	
Report Taken By	Jackson					

☒ Print AK letter**Save** **Submit****Attachment**

Accident No.	MT/1105160	Claim No.	001						
Last Doc. Received	☒ Yes ☐ No	Upload Date	01/10/2020 09:42						
Path *		Category *		Confidential		Urgency *		Description *	
	Browse...	Clear	Please Select	☐ NO	☐ Normal				
	Browse...	Clear	Please Select	☐ NO	☐ Normal				
	Browse...	Clear	Please Select	☐ NO	☐ Normal				
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