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GeneralClaim

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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
☐	5040273993-10		WANG PEIXUAN	S7484766H	GPC	drivo CLASSIC	SJL5175P	SJL5175P	29/11/2019	28/11/2020

 Policy Information

Policy No.	5040273993-10	Policyholder Name	WANG PEIXUAN	Policyholder NRIC	S7484766H
Certificate No.					
Address	51 CHOA CHU KANG LOOP #14-25 THE WARREN SINGAPORE 689682				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	12/10/2019	Effective Date	29/11/2019 00:00	Expiry Date	28/11/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0.0	Own damage Excess	600.0	Windscreen Excess	100.0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600.0	Outside Singapore TP Excess	0.0	Young/Inexperience Driver Excess	
Agent	LUI LEE LIN	Agent Tel.	65620518	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	51 CHOA CHU KANG LOOP	Address 2	#14-25 WARREN, THE	Address 3	SINGAPORE 689682
Address 4		Address Type	Singapore address	Post Code	689682
Unit No.		Related Policy Number	5040273993-10		

 Insured Object: SJL5175P

 Endorsements

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

Claim Handling

Accident MT/1105312

Policy No.	5040273993-10	Vehicle No.	SJL5175P	GST Registration No.	
Certificate No.					
Policyholder Name	WANG PEIXUAN			Policyholder NRIC	S7484766H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	98283317	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	Nc
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	02/10/2020 12:36	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	01/10/2020	Time of Accident hh:mm	17:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 207 CHOA CHU KANG CENTRAL CARPARK				

▼ 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	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	51 CHOA CHU KANG LOOP	Address 2	#14-25 WARREN, THE	Address 3	SINGAPORE 689682
Address 4		Address Type	Singapore address	Post Code	689682
Unit No.		Related Policy Number	5040273993-10		

▼ OI Driver Info

Driver Name	WANG PEIXUAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7484766H	Driver DOB	22/10/1974
Register Date of Driver License	23/08/2008	Driver Age	45	Driving Experience	12
Contact No.(Mobile)	98283317	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	51 CHOA CHU KANG LOOP	Address 2	WARREN, THE	Address 3	SINGAPORE 689682
Address 4		Address Type	Singapore address	Post Code	689682
Unit No.	14-25				
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	WANG PEIXUAN	Insured NRIC	S7484766H	
Contact No.(Mobile)	98283317	Contact No.(Home)		Contact No.(Office)		
Email Address	WANGPX2003@GMAIL.COM	OI Vehicle Number	SJL5175P	TP Vehicle Number	SMP7571J	
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SJL5175P / SMP7571J ON 1 Oct 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	02/10/2020 12:38	Claim Close Date		Date Received	02/10/2020 00:00	
Report Taken By	Jackson					

☒ Print AK letterSave Submit

Attachment

Accident No.	MT/1105312	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	02/10/2020 12:39

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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