

eBaoTech

GeneralClaim

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Notice of Loss

Policy Query

Policy No.		Date of Accident	01/10/2020 15:40							
Vehicle No.(For Motor)	EP57T	Certificate Number								
Search										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5096076555-02		LEOW HUA ANN	S7410804J	GPC	Third Party	EP57T	EP57T	21/10/2019	20/10/2020
Continue										

 Policy Information

Policy No.	5096076555-02	Policyholder Name	LEOW HUA ANN	Policyholder NRIC	S7410804J
Certificate No.					
Address	BLK 275A #03-252 COMPASSVALE LINK ASPELLA SINGAPORE 541275				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	09/10/2019	Effective Date	21/10/2019 00:00	Expiry Date	20/10/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	IMOTOR INSURE	Agent Tel.	68411279	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 275A #03-252	Address 2	COMPASSVALE LINK	Address 3	ASPELLA
Address 4	SINGAPORE 541275	Address Type	Singapore address	Post Code	541275
Unit No.	03-252	Related Policy Number	5096076555-03		

 Insured Object: EP57T

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/1105328

Policy No.	5096076555-02	Vehicle No.	EP57T	GST Registration No.	
Certificate No.					
Policyholder Name	LEOW HUA ANN			Policyholder NRIC	S7410804J
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	93827765	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	N/C
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	Yes
▼ Accident Details					
Report Date	02/10/2020 14:37	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	01/10/2020	Time of Accident hh:mm	15:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 275A COMPASSVALE LINK CARPARK GANTRY				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	0.00	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 275A #03-252	Address 2	COMPASSVALE LINK	Address 3	ASPELLA
Address 4	SINGAPORE 541275	Address Type	Singapore address	Post Code	541275
Unit No.	03-252	Related Policy Number	5096076555-03		
▼ OI Driver Info					
Driver Name	LEOW HUA ANN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7410804J	Driver DOB	06/04/1974
Register Date of Driver License	26/09/1995	Driver Age	46	Driving Experience	25
Contact No.(Mobile)	93827765	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 275A	Address 2	COMPASSVALE LINK	Address 3	ASPELLA
Address 4	SINGAPORE 541275	Address Type	Singapore address	Post Code	541275
Unit No.	03-252				
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 **New**

Claim Type *	OD-MX	Insured Name	LEOW HUA ANN	Insured NRIC	S7410804J
Contact No.(Mobile)	93827765	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	EP57T	TP Vehicle Number	FBN6313K
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	EP57T / FBN6313K ON 1 Oct 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	02/10/2020 14:40	Claim Close Date		Date Received	02/10/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1105328	Claim No.	001	
Last Doc. Received	☒ Yes ☐ No	Upload Date	02/10/2020 14:42	
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	

