

eBaoTech

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
☐	5115608597	5115608597-000015	OSCARS VALUE RENT PRIVATE LIMITED	201818533E	GFM	Third Party	SMS8185T	SMS8185T	14/07/2020	29/01/2021

Claim Handling

Accident MT/1104916

Policy No.	5115608597	Vehicle No.	SMS8185T	GST Registration No.	
Certificate No.	5115608597-000015				
Policyholder Name	OSCARS VALUE RENT PRIVATE LIMITED			Policyholder NRIC	201818533E
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	Not
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available
▼ Accident Details					
Report Date	29/09/2020 11:32	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	26/09/2020	Time of Accident hh:mm	13:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NORTH BRIDGE ROAD TOWARDS CRAWFORD STREET				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess		TP Standard Excess	1,500.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
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	29/09/2020 11:34:18 System changed GST Status Verified from No to Yes				

▼ Policyholder Mailing Address

Address 1	50 EAST COAST ROAD	Address 2	#01-90 ROXY SQUARE	Address 3	SINGAPORE 428769
Address 4		Address Type	Singapore address	Post Code	428769
Unit No.	02-05	Related Policy Number	5107320495		

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	OSCARS VALUE RENT PRIVATE	Insured NRIC	201818533E	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	63447667	
Email Address		OI Vehicle Number	SMS8185T	TP Vehicle Number	SLM2945A	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SMS8185T / SLM2945A ON 26 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	05/10/2020 12:09	Claim Close Date		Date Received	05/10/2020 00:00	
Report Taken By	Jackson					
☒ Print AK letter						

Save Submit

Attachment

Accident No.	MT/1104916	Claim No.	002		
Last Doc. Received	☒ Yes ☐ No	Upload Date	05/10/2020 12:10		
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
☐ Send Message					
▼ Attachment List					
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent?

(CO)

<https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantEdit.do?caseId=2740921&objec...> 5/10/2020