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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
<input type="radio"/>	5110923222-01	5110923222-01-000021	BENEFIT AUTO	53121670E	GFM	drivo CLASSIC	SLR9123H	SLR9123H	14/07/2020	13/07/2021

Policy Information

Policy No.	5110923222-01	Policyholder Name	BENEFIT AUTO	Policyholder NRIC	53121670E
Certificate No.	5110923222-01-000021				
Address	2 SIMS CLOSE #01-08 GEMINI @ SIMS SINGAPORE 387298				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	09/07/2020	Effective Date	14/07/2020 00:00	Expiry Date	13/07/2021 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	BENEFIT AUTO INSURANCE AGE	Agent Tel.	64445313	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	2 SIMS CLOSE	Address 2	#01-08 GEMINI @ SIMS	Address 3	SINGAPORE 387298
Address 4		Address Type	Singapore address	Post Code	387298
Unit No.		Related Policy Number	5110923517-01		

Insured Object: 5110923222-01-000021

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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Certificate Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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Claim Handling

Accident MT/1105583

Policy No.	5110923222-01	Vehicle No.	SLR9123H	GST Registration No.	
Certificate No.	5110923222-01-000021				
Policyholder Name	BENEFIT AUTO			Policyholder NRIC	53121670E
Product Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	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(%)	0	Private Hire	Yes

Accident Details

Report Date	05/10/2020 16:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	05/10/2020	Time of Accident hh:mm	09:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NEWTON CIRCUS BEFORE SCOTT RD EXIT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	
YIED OD Excess	0.00	YIED TP Excess			
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable			

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	2 SIMS CLOSE	Address 2	#01-08 GEMINI @ SIMS	Address 3	SINGAPORE 387298
Address 4		Address Type	Singapore address	Post Code	387298
Unit No.		Related Policy Number	5110923517-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	11/06/1986
Unnamed driver Name	LOH WEI	Driver NRIC	S8670438B	Driving Experience	12
Register Date of Driver License	12/09/2008	Driver Age	34	Contact No.(Home)	0
Contact No.(Mobile)	97728285	Contact No.(Office)	0	Address 3	PUNGGOL SPECTRA
Address 1	BLK 622B	Address 2	PUNGGOL CENTRAL	Post Code	822622
Address 4	SINGAPORE 822622	Address Type	Singapore address		
Unit No.	15-268				
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	BENEFIT AUTO	Insured NRIC	53121670E	
Contact No.(Mobile)	94247885	Contact No.(Home)		Contact No.(Office)	64445913	
Email Address	JOBENEFITAUTO@GMAIL.COM	OI Vehicle Number	SLR9123H	TP Vehicle Number	SME4010P	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SLR9123H / SME4010P ON 5 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	05/10/2020 16:38	Claim Close Date		Date Received	05/10/2020 00:00	
Report Taken By	Jackson					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1105583	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/10/2020 16:40

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
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Browse... Clear	Please Select	NO	Normal	
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