

eBaoTech

GeneralClaim

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Policy Query

Policy No.		Date of Accident	06/10/2020 12:30							
Vehicle No.(For Motor)	GZ9774X	Certificate Number								
Search										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5056812362-07		SUNRIO PTE LTD	197602065W	GCV	Third Party	GZ9774X	GZ9774X	14/12/2019	13/12/2020
Continue										

 Policy Information

Policy No.	5056812362-07	Policyholder Name	SUNRIO PTE LTD	Policyholder NRIC	197602065W
Certificate No.					
Address	203 HENDERSON ROAD #11-13 HENDERSON INDUSTRIAL PARK SINGAPORE 159546				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	18/11/2019	Effective Date	14/12/2019 00:00	Expiry Date	13/12/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	LOO KENG HONG INSURANCE A	Agent Tel.	67445113	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	203 HENDERSON ROAD	Address 2	#11-13 HENDERSON INDUSTRIAL PARK	Address 3	SINGAPORE 159546
Address 4		Address Type	Singapore address	Post Code	159546
Unit No.		Related Policy Number	5090115526-03		

 Insured Object: GZ9774X

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/1105811

Policy No.	5056812362-07	Vehicle No.	GZ9774X	GST Registration No.	
Certificate No.					
Policyholder Name	SUNRIO PTE LTD			Policyholder NRIC	197602065W
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	67471478	Contact No.(Home)	0
Email Address		Special Remark		eCode	Nic
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
▼ Accident Details					
Report Date	07/10/2020 11:50	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/10/2020	Time of Accident hh:mm	12:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CLEMENTI AVE 3 TWDS CLEMENTI AVE 4				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable			

▼ GST Registered Information			
GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200253426	GST Status Verified	Yes
Modification History	07/10/2020 11:51:49 System changed GST Registered from No to Yes 07/10/2020 11:51:49 System changed GST Registration No. from null to M200253426 07/10/2020 11:51:49 System changed GST Registration Date from null to 01/04/1994		

▼ Policyholder Mailing Address			
Address 1	203 HENDERSON ROAD	Address 2	#11-13 HENDERSON INDUSTRI
Address 4		Address Type	Singapore address
Unit No.		Related Policy Number	5090115526-03
Address 3	SINGAPORE 159546		
Post Code	159546		

▼ OI Driver Info			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver
Unnamed driver Name	QUEK SHIH KONG (GUO SIGUAI)	Driver NRIC	S7138262A
Register Date of Driver License	22/02/1991	Driver Age	48
Contact No.(Mobile)	86589507	Contact No.(Office)	0
Address 1	BLK 896B	Address 2	WOODLANDS DRIVE 50
Address 4		Address Type	Singapore address
Unit No.	09-108	Address 3	SINGAPORE 731896
Does he own a Singapore Registered car?	☐ Yes ☒ No	Post Code	731896
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	SUNRIO PTE LTD	Insured NRIC	197602065W
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	GZ9774X	TP Vehicle Number	SLZ5883G
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GZ9774X / SLZ5883G ON 6 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	07/10/2020 11:52	Claim Close Date		Date Received	07/10/2020 00:00
Report Taken By	Jackson				
☒ Print AK letter					

Save Submit

Attachment

Accident No.	MT/1105811	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	07/10/2020 11:53
Path *		Category *	Confidential
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
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