

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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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
☐	5113086771	5113086771-000006	KS TRANSPORT SERVICE	53091276K	GFM	Comprehensive	PC549D	PC549D	27/10/2019	26/10/2020

 Policy Information

Policy No.	5113086771	Policyholder Name	KS TRANSPORT SERVICE	Policyholder NRIC	53091276K
Certificate No.	5113086771-000006				
Address	BLK 234A #10-285 SUMANG LANE MATILDA COURT SINGAPORE 821234				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	03/10/2019	Effective Date	27/10/2019 00:00	Expiry Date	26/10/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	3000	Windscreen Excess	500
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	THINK ONE AUTOMOBILE & TRA	Agent Tel.	65553300	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 234A #10-285	Address 2	SUMANG LANE	Address 3	MATILDA COURT
Address 4	SINGAPORE 821234	Address Type	Singapore address	Post Code	821234
Unit No.		Related Policy Number	5113086771		

► Insured Object: 5113086771-000006

 Endorsements

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

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Claim Handling

Accident MT/1105857

Policy No.	5113086771	Vehicle No.	PC549D	GST Registration No.	
Certificate No.	5113086771-000006				
Policyholder Name	KS TRANSPORT SERVICE			Policyholder NRIC	53091276K
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	Nic
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
▼ Accident Details					
Report Date	07/10/2020 15:02	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	07/10/2020	Time of Accident hh:mm	06:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE NEAR EXIT 34				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	500.00		
OD Standard Excess	3,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	1000.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	4000.00	Total TP Excess Applicable			
▼ Benefits					

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

▼ Policyholder Mailing Address					
Address 1	BLK 234A #10-285	Address 2	SUMANG LANE	Address 3	MATILDA COURT
Address 4	SINGAPORE 821234	Address Type	Singapore address	Post Code	821234
Unit No.		Related Policy Number	5113086771		

▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	27/10/1979
Unnamed driver Name	LI YANFENG	Driver NRIC	G2098637P	Driving Experience	0
Register Date of Driver License	14/10/2019	Driver Age	40	Contact No.(Home)	0
Contact No.(Mobile)	90383308	Contact No.(Office)	0	Address 3	MATILDA COURT
Address 1	BLK 234A	Address 2	SUMANG LANE	Post Code	821234
Address 4	SINGAPORE 821234	Address Type	Singapore address		
Unit No.	10-285				
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	KS TRANSPORT SERVICE	Insured NRIC	53091276K	
Contact No.(Mobile)	96161733	Contact No.(Home)	63461523	Contact No.(Office)	NIL	
Email Address		OI Vehicle Number	PC549D	TP Vehicle Number	SLQ7453Z	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	PC549D / SLQ7453Z ON 7 Oct 2020				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	07/10/2020 15:04	Claim Close Date		Date Received	07/10/2020 00:00	
Report Taken By	Jackson					
☒ Print AK letter						

Save **Submit****Attachment**

Accident No.	MT/1105857	Claim No.	001		
Last Doc. Received	☒ Yes ☐ No	Upload Date	07/10/2020 15:06		
Path *					
Category *					
Confidential					
Urgency *					
Description *					
Browse...	Clear	Please Select	NO	Normal	
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Message Read

Attachment List

Attachment

Uploaded By/Date

Category

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Description

Msg Sent? (CO)

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NRIC/ Driving License

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NRIC/ Driving License 2020-10-7

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