

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No.		Date of Accident	08/10/2020 12:20							
Vehicle No.(For Motor)	SMM8798G	Certificate Number								
Search										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5112593786-01		NORASIAH BINTE MOHAMED NOOR	S8531724E	GPC	drivo CLASSIC	SMM8798G	SMM8798G	15/09/2020	14/09/2021
Continue										

▼ Policy Information

Policy No.	5112593786-01	Policyholder Name	NORASIAH BINTE MOHAMED NC	Policyholder NRIC	S8531724E
Certificate No.					
Address	BLK 326B #04-972 SUMANG WALK SINGAPORE 822326				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	01/09/2020	Effective Date	15/09/2020 00:00	Expiry Date	14/09/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	KCB AGENCY	Agent Tel.	63913813	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 326B #04-972	Address 2	SUMANG WALK	Address 3	SINGAPORE 822326
Address 4		Address Type	Singapore address	Post Code	822326
Unit No.		Related Policy Number	5112593786-01		

▶ Insured Object: SMM8798G

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/1105973

Policy No.	5112593786-01	Vehicle No.	SMM8798G	GST Registration No.	
Certificate No.					
Policyholder Name	NORASIAH BINTE MOHAMED NOOR	Cover Type	drivo CLASSIC	Policyholder NRIC	S8531724E
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	93672733	Special Remark		Contact No.(Home)	0
Email Address		TCA	☒ No ☐ Yes	eCode	Nc
KFK	☒ No ☐ Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No
▼ Accident Details					
Report Date	08/10/2020 14:54	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	08/10/2020	Time of Accident hh:mm	12:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	IRRAWADDY RD TWDS SHAN RD				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

▼ 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 326B #04-972	Address 2	SUMANG WALK	Address 3	SINGAPORE 822326
Address 4		Address Type	Singapore address	Post Code	822326
Unit No.		Related Policy Number	5112593786-01		

▼ OI Driver Info					
Driver Name	NORASIAH BINTE MOHAMED NOOR	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8531724E	Driver DOB	23/10/1985
Register Date of Driver License	14/05/2013	Driver Age	34	Driving Experience	7
Contact No.(Mobile)	93672733	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 326B	Address 2	SUMANG WALK	Address 3	SINGAPORE 822326
Address 4		Address Type	Singapore address	Post Code	822326
Unit No.	04-972				
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	NORASIAH BINTE MOHAMED NO	Insured NRIC	S8531724E
Contact No.(Mobile)	85882284	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	norecah19@gmail.com	OI Vehicle Number	SMM8798G	TP Vehicle Number	UNKNOWN
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMM8798G / UNKNOWN ON 8 Oct 2020				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	08/10/2020 15:03	Claim Close Date		Date Received	08/10/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter**Save** **Submit****Attachment**

Accident No.	MT/1105973	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	08/10/2020 15:05
Path *			
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Media Lead

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV I CES) on 08 Oct 2020 15:05	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-10-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV I CES) on 08 Oct 2020 15:05	SAS	Normal	SAS 2020-10-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV I CES) on 08 Oct 2020 15:05	Photos	Normal	Photos 2020-10-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV I CES) on 08 Oct 2020 15:05	Photos	Normal	Photos 2020-10-8	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV I CES) on 08 Oct 2020 15:04	Photos	Normal	Photos 2020-10-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV I CES) on 08 Oct 2020 15:04	Photos	Normal	Photos 2020-10-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV I CES) on 08 Oct 2020 15:04	Photos	Normal	Photos 2020-10-8	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV I CES) on 08 Oct 2020 15:04	Photos	Normal	Photos 2020-10-8	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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