

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No.		Date of Accident	08/10/2020 19:00
Vehicle No.(For Motor)	SLS4552E	Certificate Number	
Search			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5108588204-01	5108588204-01-000008	ALPHA DRIVE PTE LTD	201418046D	GFM	drivo CLASSIC	SLS4552E	SLS4552E	01/04/2020	31/03/2021

 Policy Information

Policy No.	5108588204-01	Policyholder Name	ALPHA DRIVE PTE LTD	Policyholder NRIC	201418046D
Certificate No.	5108588204-01-000008				
Address	38 CHAY YAN STREET #10-06 REGENCY AT TIONG BAHRU SINGAPORE 169907				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	27/04/2020	Effective Date	01/04/2020 00:00	Expiry Date	31/03/2021 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	2684.40		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	PROMISELAND INDEPENDENT P	Agent Tel.	65054100	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	38 CHAY YAN STREET	Address 2	#10-06 REGENCY AT TIONG BA	Address 3	SINGAPORE 169907
Address 4		Address Type	Singapore address	Post Code	169907
Unit No.	10-06	Related Policy Number	5108588204-01		

 Insured Object: 5108588204-01-000008

 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

Continue

Cancel

Claim Handling

Accident MT/1106200

Policy No.	5108588204-01	Vehicle No.	SLS4552E	GST Registration No.	
Certificate No.	5108588204-01-000008				
Policyholder Name	ALPHA DRIVE PTE LTD			Policyholder NRIC	201418046D
Product Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	67332118	Contact No.(Home)	0
Email Address		Special Remark		eCode	Nc
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
▼ Accident Details					
Report Date	10/10/2020 15:36	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	08/10/2020	Time of Accident hh:mm	19:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MARINA BLVD TWDS STRAITS VIEW				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
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	38 CHAY YAN STREET	Address 2	#10-06 REGENCY AT TIONG BA
Address 4		Address Type	Singapore address
Unit No.	10-06	Related Policy Number	5108588204-01
Address 3	SINGAPORE 169907	Post Code	169907

▼ OI Driver Info			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver
Unnamed driver Name	KOH EE KIANG DERRICK (GAO)	Driver NRIC	S80370191
Register Date of Driver License	28/03/2007	Driver Age	39
Contact No.(Mobile)	92219171	Contact No.(Office)	0
Address 1	BLK 158	Address 2	TAMPINES STREET 12
Address 4		Address Type	Singapore address
Unit No.	04-65	Post Code	521158
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	ALPHA DRIVE PTE LTD	Insured NRIC	201418046D
Contact No.(Mobile)	92239161	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SLS4552E	TP Vehicle Number	SKM587A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLS4552E / SKM587A ON 8 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	10/10/2020 15:38	Claim Close Date		Date Received	10/10/2020 00:00
Report Taken By	Jackson				
☒ Print AK letter					

Save Submit

Attachment

Accident No.		MT/1106200	Claim No.	001
Last Doc. Received		☒ Yes ☐ No	Upload Date	10/10/2020 15:40
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	

Message Read

Attachment List

Attachment

Uploaded By/Date

Category

Urgency

Description

Msg Sent? (CO)



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Oct 2020 15:40

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2020-10-10



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Oct 2020 15:40

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2020-10-10



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Oct 2020 15:39

SAS

Normal

SAS 2020-10-10



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Oct 2020 15:39

Photos

Normal

Photos 2020-10-10



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Oct 2020 15:39

Photos

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Photos 2020-10-10



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Photos 2020-10-10



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Photos 2020-10-10



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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Oct 2020 15:38

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Photos 2020-10-10

Video List

Uploaded By/Date

Folder Date

File Name

Source

Action

Display in New Window

Scan and uploading

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