

eBaoTech

GeneralClaim

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## Policy Query

|                                         |                                     |                    |                                               |                   |         |                           |             |                |               |             |
|-----------------------------------------|-------------------------------------|--------------------|-----------------------------------------------|-------------------|---------|---------------------------|-------------|----------------|---------------|-------------|
| Policy No.                              | <input type="text"/>                | Date of Accident   | <input type="text" value="09/10/2020 12:55"/> |                   |         |                           |             |                |               |             |
| Vehicle No.(For Motor)                  | <input type="text" value="GBE83K"/> | Certificate Number | <input type="text"/>                          |                   |         |                           |             |                |               |             |
| <input type="button" value="Search"/>   |                                     |                    |                                               |                   |         |                           |             |                |               |             |
| Select                                  | Policy No.                          | Certificate Number | Policyholder Name                             | Policyholder NRIC | Product | Cover Type                | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| <input type="radio"/>                   | 5088483073-03                       |                    | SIEW RENOVATION & HANDYMAN                    | 53308982D         | GCV     | Third Party, Fire & Theft | GBE83K      | GBE83K         | 20/03/2020    | 13/02/2021  |
| <input type="button" value="Continue"/> |                                     |                    |                                               |                   |         |                           |             |                |               |             |

 Policy Information

|                                   |                                                       |                             |                           |                                  |                  |
|-----------------------------------|-------------------------------------------------------|-----------------------------|---------------------------|----------------------------------|------------------|
| Policy No.                        | 5088483073-03                                         | Policyholder Name           | SIEW RENOVATION & HANDYMA | Policyholder NRIC                | 53308982D        |
| Certificate No.                   |                                                       |                             |                           |                                  |                  |
| Address                           | BLK 290C #07-26 COMPASSVALE CRESCENT SINGAPORE 543290 |                             |                           |                                  |                  |
| Product Name                      | COMMERCIAL VEHICLE INSURAI                            | Plan                        |                           | Group Policy Flag                | N                |
| Policy issue Date                 | 07/02/2020                                            | Effective Date              | 20/03/2020 00:00          | Expiry Date                      | 13/02/2021 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                             | NET LINK COMMERCIAL PTE. LT                           | Agent Tel.                  | 66599463                  | GST Flag                         | Y                |
| Co-insurance Flag                 | No                                                    |                             |                           |                                  |                  |
| Open Policy Info Certificate Info |                                                       |                             |                           |                                  |                  |

 Policyholder Mailing Address

|           |                 |                       |                      |           |                  |
|-----------|-----------------|-----------------------|----------------------|-----------|------------------|
| Address 1 | BLK 290C #07-26 | Address 2             | COMPASSVALE CRESCENT | Address 3 | SINGAPORE 543290 |
| Address 4 |                 | Address Type          | Singapore address    | Post Code | 543290           |
| Unit No.  | 07-26           | Related Policy Number | 5088483073-03        |           |                  |

 Insured Object: GBE83K

 Endorsements

| Sequence                              | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|---------------------------------------|---------------------|------------------|--------------------|---------------------|
| <div>Continue</div> <div>Cancel</div> |                     |                  |                    |                     |

## Claim Handling

## Accident MT/1106202

|                                  |                                                               |                               |                                                               |                      |                                 |
|----------------------------------|---------------------------------------------------------------|-------------------------------|---------------------------------------------------------------|----------------------|---------------------------------|
| Policy No.                       | 5088483073-03                                                 | Vehicle No.                   | GBE83K                                                        | GST Registration No. |                                 |
| Certificate No.                  |                                                               |                               |                                                               |                      |                                 |
| Policyholder Name                | SIEW RENOVATION & HANDYMAN                                    |                               |                                                               | Policyholder NRIC    | 53308982D                       |
| Product Code                     | COMMERCIAL VEHICLE INSURANCE                                  | Cover Type                    | Third Party, Fire & Theft                                     | Loading              | 0                               |
| Contact No.(Mobile)              | 94235596                                                      | Contact No.(Office)           | 0                                                             | Contact No.(Home)    | 0                               |
| Email Address                    |                                                               | Special Remark                |                                                               | eCode                | <input type="text" value="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(%)            | 20                                                            | Private Hire         | No                              |
| <b>▼ Accident Details</b>        |                                                               |                               |                                                               |                      |                                 |
| Report Date                      | 10/10/2020 16:09                                              | Accident Report Within 24 hrs | Yes                                                           | Accident Type        | Collision - Major Minor Road    |
| Date of Accident                 | 09/10/2020                                                    | Time of Accident hh:mm        | 12:55                                                         | Country of Accident  | Singapore                       |
| Reporting Centre                 |                                                               | Orange Force                  |                                                               | ICM No.              |                                 |
| Accident Location                | JUNC TUAS AVE 8 & TUAS AVE 9                                  |                               |                                                               |                      |                                 |
| <b>▼ Total Excess Applicable</b> |                                                               |                               |                                                               |                      |                                 |
| 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    |                                                               |                      |                                 |

|                                     |                                                                       |                       |     |  |  |
|-------------------------------------|-----------------------------------------------------------------------|-----------------------|-----|--|--|
| <b>▼ Benefits</b>                   |                                                                       |                       |     |  |  |
| <b>▼ GST Registered Information</b> |                                                                       |                       |     |  |  |
| GST Registered                      | No                                                                    | GST Registration Date |     |  |  |
| GST Registration No.                |                                                                       | GST Status Verified   | Yes |  |  |
| Modification History                | 10/10/2020 16:11:03 System changed GST Status Verified from No to Yes |                       |     |  |  |

|                                       |                 |                       |                      |           |                  |
|---------------------------------------|-----------------|-----------------------|----------------------|-----------|------------------|
| <b>▼ Policyholder Mailing Address</b> |                 |                       |                      |           |                  |
| Address 1                             | BLK 290C #07-26 | Address 2             | COMPASSVALE CRESCENT | Address 3 | SINGAPORE 543290 |
| Address 4                             |                 | Address Type          | Singapore address    | Post Code | 543290           |
| Unit No.                              | 07-26           | Related Policy Number | 5088483073-03        |           |                  |

|                                         |                                                               |                     |                      |                        |                  |
|-----------------------------------------|---------------------------------------------------------------|---------------------|----------------------|------------------------|------------------|
| <b>▼ OI Driver Info</b>                 |                                                               |                     |                      |                        |                  |
| Driver Name                             | Unnamed Driver                                                | Driver Type         | Unnamed Driver       |                        |                  |
| Unnamed driver Name                     | ONG CHIN SIEW                                                 | Driver NRIC         | S0196844J            | Driver DOB             | 11/10/1954       |
| Register Date of Driver License         | 27/02/1974                                                    | Driver Age          | 65                   | Driving Experience     | 46               |
| Contact No.(Mobile)                     | 94235596                                                      | Contact No.(Office) | 0                    | Contact No.(Home)      | 0                |
| Address 1                               | BLK 290C                                                      | Address 2           | COMPASSVALE CRESCENT | Address 3              | SINGAPORE 543290 |
| Address 4                               |                                                               | Address Type        | Singapore address    | Post Code              | 543290           |
| Unit No.                                | 07-26                                                         |                     |                      |                        |                  |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.  |                      | Driver Insurer Company |                  |

|                                     |      |             |                                                               |  |  |
|-------------------------------------|------|-------------|---------------------------------------------------------------|--|--|
| <b>Declaration</b>                  |      |             |                                                               |  |  |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |  |  |

## Modification History

Claim 001 **New**

|                                                     |                                 |                         |                                  |                            |                  |
|-----------------------------------------------------|---------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type *                                        | OD-MX                           | Insured Name            | SIEW RENOVATION & HANDYMAN       | Insured NRIC               | 53308982D        |
| Contact No.(Mobile)                                 |                                 | Contact No.(Home)       |                                  | Contact No.(Office)        | NIL              |
| Email Address                                       |                                 | OI Vehicle Number       | GBE83K                           | TP Vehicle Number          | SBS3021X         |
| Claimant Type Claimant Type *                       | Please Select                   | Type of Benefit *       | Please Select                    |                            |                  |
| Claimant Name *                                     |                                 | Claimant NRIC *         |                                  |                            |                  |
| Claimant Address                                    |                                 |                         |                                  |                            |                  |
| Claim Description                                   | GBE83K / SBS3021X ON 9 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                                     | 10/10/2020 16:12                | Claim Close Date        |                                  | Date Received              | 10/10/2020 00:00 |
| Report Taken By                                     | Jackson                         |                         |                                  |                            |                  |
| <input checked="" type="checkbox"/> Print AK letter |                                 |                         |                                  |                            |                  |

**Save** **Submit****Attachment**

|                    |                                                               |                                            |                                 |                                     |               |
|--------------------|---------------------------------------------------------------|--------------------------------------------|---------------------------------|-------------------------------------|---------------|
| Accident No.       | MT/1106202                                                    | Claim No.                                  | 001                             |                                     |               |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date                                | 10/10/2020 16:13                |                                     |               |
| Path *             |                                                               | Category *                                 | Confidential                    | Urgency *                           | Description * |
|                    | <input type="text" value="Browse..."/>                        | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> | <input type="text" value="Normal"/> |               |
|                    | <input type="text" value="Browse..."/>                        | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> | <input type="text" value="Normal"/> |               |
|                    | <input type="text" value="Browse..."/>                        | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> | <input type="text" value="Normal"/> |               |
|                    | <input type="text" value="Browse..."/>                        | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> | <input type="text" value="Normal"/> |               |
|                    | <input type="text" value="Browse..."/>                        | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> | <input type="text" value="Normal"/> |               |
|                    | <input type="text" value="Browse..."/>                        | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> | <input type="text" value="Normal"/> |               |

