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GeneralClaim

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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
☐	5113916345-01		NEW AUTODRIVE CREDIT (S) PTE. LTD.	201223137E	GPC	Third Party	SLS6987X	SLS6987X	03/09/2020	02/09/2021

▼ Policy Information

Policy No.	5113916345-01	Policyholder Name	NEW AUTODRIVE CREDIT (S) P1	Policyholder NRIC	201223137E
Certificate No.					
Address	28 LORONG 30 GEYLANG #04-07 SUITES 28 SINGAPORE 398361				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	31/08/2020	Effective Date	03/09/2020 00:00	Expiry Date	02/09/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	GOLDEN PRIME INSURANCE AG	Agent Tel.	68426788	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	28 LORONG 30 GEYLANG	Address 2	#04-07 SUITES 28	Address 3	SINGAPORE 398361
Address 4		Address Type	Singapore address	Post Code	398361
Unit No.		Related Policy Number	5113345702-01		

► Insured Object: SLS6987X

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
Continue Cancel				

Claim Handling

Accident MT/1106832

Policy No.	5113916345-01	Vehicle No.	SLS6987X	GST Registration No.	
Certificate No.					
Policyholder Name	NEW AUTODRIVE CREDIT (S) PTE. LTD.			Policyholder NRIC	201223137E
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	90991331	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	NC
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes

▼ Accident Details

Report Date	16/10/2020 15:46	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
Date of Accident	24/09/2020	Time of Accident hh:mm	12:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ANSON RD				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	0.00	Total TP Excess Applicable			

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/09/2017
GST Registration No.	201223137E	GST Status Verified	Yes
Modification History	16/10/2020 15:47:28 System changed GST Registered from No to Yes 16/10/2020 15:47:28 System changed GST Registration No. from null to 201223137E 16/10/2020 15:47:28 System changed GST Registration Date from null to 01/09/2017		

▼ Policyholder Mailing Address

Address 1	28 LORONG 30 GEYLANG	Address 2	#04-07 SUITES 28	Address 3	SINGAPORE 398361
Address 4		Address Type	Singapore address	Post Code	398361
Unit No.		Related Policy Number	5113345702-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	WAYUDY BIN ABDUL MALEK	Driver NRIC	S8140672C	Driver DOB	31/12/1981
Register Date of Driver License	05/10/2017	Driver Age	38	Driving Experience	2
Contact No.(Mobile)	97161800	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 632A	Address 2	SENJA ROAD	Address 3	SENJA GREEN
Address 4	SINGAPORE 671632	Address Type	Singapore address	Post Code	671632
Unit No.	03-191				
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
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	NEW AUTODRIVE CREDIT (S) PT	Insured NRIC	201223137E
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLS6987X	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLS6987X ON 24 Sept 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	16/10/2020 15:48	Claim Close Date		Date Received	16/10/2020 00:00
Report Taken By	Jackson				

☒ Print AK letterSave Submit

Attachment

Accident No.	MT/1106832	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	16/10/2020 15:50

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	

