

eBaoTech

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
☐	5113072884		BLAZE MOTORING PTE LTD	201531362N	GPC	Third Party, Fire & Theft	SLM9867X	SLM9867X	19/10/2019	18/10/2020

 Policy Information

Policy No.	5113072884	Policyholder Name	BLAZE MOTORING PTE LTD	Policyholder NRIC	201531362N
Certificate No.					
Address	53 UBI AVENUE 1 #05-44 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	14/10/2019	Effective Date	19/10/2019 00:00	Expiry Date	18/10/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	ANIKA INS BROKERS & CONSUL	Agent Tel.	66729988	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#05-44 PAYA UBI INDUSTRIAL	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	17-204	Related Policy Number	5113072884-01		

 Insured Object: SLM9867X

 Endorsements

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

Claim Handling

Accident MT/1107085

Policy No.	5113072884	Vehicle No.	SLM9867X	GST Registration No.	
Certificate No.					
Policyholder Name	BLAZE MOTORING PTE LTD			Policyholder NRIC	201531362N
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	91449265	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	30	Private Hire	Yes
▼ Accident Details					
Report Date	19/10/2020 17:19	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	17/10/2020	Time of Accident hh:mm	15:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWDS CITY				
▼ 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					
Total OD Excess Applicable	0.00	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	53 UBI AVENUE 1
Address 2	#05-44 PAYA UBI INDUSTRIAL I
Address 3	SINGAPORE 408934
Address 4	
Address Type	Singapore address
Post Code	408934
Unit No.	17-204
Related Policy Number	5113072884-01

▼ OI Driver Info	
Driver Name	Unnamed Driver
Driver Type	Unnamed Driver
Unnamed driver Name	ZHENG CHAO
Driver NRIC	S9174434A
Driver DOB	27/02/1991
Register Date of Driver License	09/03/2015
Driver Age	29
Driving Experience	5
Contact No.(Mobile)	84666435
Contact No.(Office)	0
Contact No.(Home)	0
Address 1	BLK 393
Address 2	YISHUN AVENUE 6
Address 3	SINGAPORE 760393
Address 4	
Address Type	Singapore address
Post Code	760393
Unit No.	06-1112
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	BLAZE MOTORING PTE LTD	Insured NRIC	201531362N
Contact No.(Mobile)	97984296	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SLM9867X	TP Vehicle Number	FBL490G
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLM9867X / FBL490G ON 17 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	19/10/2020 17:21	Claim Close Date		Date Received	19/10/2020 00:00
Report Taken By	Jackson				
☒ Print AK letter					

Save Submit

Attachment

Attachment			
Accident No.	MT/1107085	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	19/10/2020 17:23
Path *		Category *	
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO

