

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 |
|-----------------------|------------|--------------------|-------------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5114559335 | 5114559335-000008  | WJ CAR RENTAL PTE. LTD. | 201843284H        | GFM     | drivo CLASSIC | SLD4135E    | SLD4135E       | 22/01/2020    | 21/01/2021  |

 Policy Information

|                             |                                                           |                             |                         |                                  |                  |
|-----------------------------|-----------------------------------------------------------|-----------------------------|-------------------------|----------------------------------|------------------|
| Policy No.                  | 5114559335                                                | Policyholder Name           | WJ CAR RENTAL PTE. LTD. | Policyholder NRIC                | 201843284H       |
| Certificate No.             | 5114559335-000008                                         |                             |                         |                                  |                  |
| Address                     | 6001 BEACH ROAD #13-06 GOLDEN MILE TOWER SINGAPORE 199589 |                             |                         |                                  |                  |
| Product Name                | FLEET MASTER INSURANCE                                    | Plan                        |                         | Group Policy Flag                | N                |
| Policy issue Date           | 10/01/2020                                                | Effective Date              | 22/01/2020 00:00        | Expiry Date                      | 21/01/2021 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                  | 32789.32                |                                  |                  |
| Outside Singapore OD Excess | 2000                                                      | Outside Singapore TP Excess | 1500                    | Young/Inexperience Driver Excess |                  |
| Agent                       | HAMILTON AUTOHUB PTE. LTD.                                | Agent Tel.                  | 64751946                | GST Flag                         | Y                |
| Co-insurance Flag           | No                                                        |                             |                         |                                  |                  |
| Open Policy Info            |                                                           |                             |                         |                                  |                  |
| Certificate Info            |                                                           |                             |                         |                                  |                  |

 Policyholder Mailing Address

|           |                 |                       |                          |           |                  |
|-----------|-----------------|-----------------------|--------------------------|-----------|------------------|
| Address 1 | 6001 BEACH ROAD | Address 2             | #13-06 GOLDEN MILE TOWER | Address 3 | SINGAPORE 199589 |
| Address 4 |                 | Address Type          | Singapore address        | Post Code | 199589           |
| Unit No.  | 13-06           | Related Policy Number | 5114559335               |           |                  |

 Insured Object: 5114559335-000008

 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/1107446

|                     |                                                               |                     |                                                               |                      |                      |
|---------------------|---------------------------------------------------------------|---------------------|---------------------------------------------------------------|----------------------|----------------------|
| Policy No.          | 5114559335                                                    | Vehicle No.         | SLD4135E                                                      | GST Registration No. |                      |
| Certificate No.     | 5114559335-000008                                             |                     |                                                               |                      |                      |
| Policyholder Name   | WJ CAR RENTAL PTE. LTD.                                       |                     |                                                               | Policyholder NRIC    | 201843284H           |
| Product Code        | FLEET MASTER INSURANCE                                        | Cover Type          | drivo CLASSIC                                                 | Loading              | 0                    |
| Contact No.(Mobile) | 0                                                             | Contact No.(Office) | 0                                                             | Contact No.(Home)    | 0                    |
| Email Address       |                                                               | Special Remark      |                                                               | eCode                | <input type="text"/> |
| 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(%)  | 0                                                             | Private Hire         | Yes                  |

**▼ Accident Details**

|                   |                                          |                               |       |                     |                 |
|-------------------|------------------------------------------|-------------------------------|-------|---------------------|-----------------|
| Report Date       | 22/10/2020 15:04                         | Accident Report Within 24 hrs | Yes   | Accident Type       | Chain Collision |
| Date of Accident  | 22/10/2020                               | Time of Accident hh:mm        | 07:40 | Country of Accident | Singapore       |
| Reporting Centre  |                                          | Orange Force                  |       | ICM No.             |                 |
| Accident Location | AYE TWDS TUAS AFTER SOUTH BUONA VISTA RD |                               |       |                     |                 |

**▼ 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 | 6001 BEACH ROAD | Address 2             | #13-06 GOLDEN MILE TOWER | Address 3 | SINGAPORE 199589 |
| Address 4 |                 | Address Type          | Singapore address        | Post Code | 199589           |
| Unit No.  | 13-06           | Related Policy Number | 5114559335               |           |                  |

**▼ OI Driver Info**

|                                         |                                                               |                     |                   |                        |               |
|-----------------------------------------|---------------------------------------------------------------|---------------------|-------------------|------------------------|---------------|
| Driver Name                             | Unnamed Driver                                                | Driver Type         | Unnamed Driver    | Driver DOB             | 20/03/1973    |
| Unnamed driver Name                     | TEH SWEE HONG                                                 | Driver NRIC         | S7309578F         | Driving Experience     | 18            |
| Register Date of Driver License         | 11/04/2002                                                    | Driver Age          | 47                | Contact No.(Home)      | 0             |
| Contact No.(Mobile)                     | 93878982                                                      | Contact No.(Office) | 0                 | Address 3              | BUANGKOK VALE |
| Address 1                               | BLK 987B                                                      | Address 2           | BUANGKOK GREEN    | Post Code              | 532987        |
| Address 4                               | SINGAPORE 532987                                              | Address Type        | Singapore address |                        |               |
| Unit No.                                | 09-23                                                         |                     |                   |                        |               |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.  |                   | Driver Insurer Company |               |

**Declaration**

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

Modification History

Claim 001 **New**

|                                |                                    |                         |                                  |                            |                  |
|--------------------------------|------------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type *                   | OD-MX                              | Insured Name            | WJ CAR RENTAL PTE. LTD.          | Insured NRIC               | 201843284H       |
| Contact No.(Mobile)            |                                    | Contact No.(Home)       |                                  | Contact No.(Office)        | +                |
| Email Address                  |                                    | OI Vehicle Number       | SLD4135E                         | TP Vehicle Number          | SMS7062X         |
| Claimant Type Claimant Type*   | Please Select                      | Type of Benefit *       | Please Select                    |                            |                  |
| Claimant Name *                |                                    | Claimant NRIC *         |                                  |                            |                  |
| Claimant Address               |                                    |                         |                                  |                            |                  |
| Claim Description              | SLD4135E / SMS7062X ON 22 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                | 22/10/2020 15:06                   | Claim Close Date        |                                  | Date Received              | 22/10/2020 00:00 |
| Report Taken By                | Jackson                            |                         |                                  |                            |                  |

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Attachment

|                    |                                                               |             |                  |
|--------------------|---------------------------------------------------------------|-------------|------------------|
| Accident No.       | MT/1107446                                                    | Claim No.   | 001              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 22/10/2020 15:08 |

| Path *               | Category *           | Confidential         | Urgency *            | Description *        |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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