

eBaoTech

GeneralClaim

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Policy Query

Policy No.		Date of Accident	21/10/2020 13:40							
Vehicle No.(For Motor)	GBD8305Z	Certificate Number								
Search										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5099254971-02		QJ & J TRADING	53306454J	GCV	Comprehensive	GBD8305Z	GBD8305Z	26/05/2020	25/05/2021
Continue										

 Policy Information

Policy No.	5099254971-02	Policyholder Name	QJ & J TRADING	Policyholder NRIC	53306454J
Certificate No.					
Address	BLK 808B #08-572 CHOA CHU KANG AVENUE 1 KEAT HONG AXIS SINGAPORE 682808				
Product Name	COMMERCIAL VEHICLE INSURAI Plan	Group Policy Flag	N		
Policy issue Date	18/05/2020	Effective Date	26/05/2020 00:00	Expiry Date	25/05/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	VICOM LTD	Agent Tel.	66975211	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 808B #08-572	Address 2	CHOA CHU KANG AVENUE 1	Address 3	KEAT HONG AXIS
Address 4	SINGAPORE 682808	Address Type	Singapore address	Post Code	682808
Unit No.	08-572	Related Policy Number	5099254971-02		

 Insured Object: GBD8305Z

 Endorsements

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

Claim Handling

Accident MT/1107438

Policy No.	5099254971-02	Vehicle No.	GBD8305Z	GST Registration No.	
Certificate No.					
Policyholder Name	QJ & J TRADING	Cover Type	Comprehensive	Policyholder NRIC	53306454J
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	93651871	Special Remark		Contact No.(Home)	0
Email Address		TCA	☒ No ☐ Yes	eCode	N
KFK	☒ No ☐ Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
▼ Accident Details					
Report Date	22/10/2020 14:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	21/10/2020	Time of Accident hh:mm	13:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (TUAS) TWDS CTE				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	22/10/2020 14:33:40 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 808B #08-572	Address 2	CHOA CHU KANG AVENUE 1	Address 3	KEAT HONG AXIS
Address 4	SINGAPORE 682808	Address Type	Singapore address	Post Code	682808
Unit No.	08-572	Related Policy Number	5099254971-02		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	01/10/1987
Unnamed driver Name	LIM WEI QIANG	Driver NRIC	S8729592C	Driving Experience	11
Register Date of Driver License	28/11/2008	Driver Age	33	Contact No.(Home)	0
Contact No.(Mobile)	93651871	Contact No.(Office)	0	Address 3	KEAT HONG AXIS
Address 1	BLK 808B	Address 2	CHOA CHU KANG AVENUE 1	Post Code	682808
Address 4	SINGAPORE 682808	Address Type	Singapore address		
Unit No.	08-572				
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	QJ & J TRADING	Insured NRIC	53306454J
Contact No.(Mobile)	93651871	Contact No.(Home)		Contact No.(Office)	
Email Address	xiaoqiand8787@gmail.com	OI Vehicle Number	GBD8305Z	TP Vehicle Number	SLJ5081M
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBD8305Z / SLJ5081M ON 21 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 14:34	Claim Close Date		Date Received	22/10/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter**Save** **Submit**

Attachment

Accident No.	MT/1107438	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	22/10/2020 14:35

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	

Michigan KUBA

▼ Attachment List

22/10/2020