

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No.		Date of Accident	26/10/2020 07:05							
Vehicle No.(For Motor)	PC5775J	Certificate Number								
Search										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5063746711-06		CHAN LI KIM (CHENG LIJIN)	S7129378E	GBS	Third Party, Fire & Theft	PC5775J	PC5775J	06/01/2020	05/01/2021
Continue										

▼ Policy Information

Policy No.	5063746711-06	Policyholder Name	CHAN LI KIM (CHENG LIJIN)	Policyholder NRIC	S7129378E
Certificate No.					
Address	BLK 317C #03-194 ANCHORVALE ROAD SINGAPORE 543317				
Product Name	BUS INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	04/12/2019	Effective Date	06/01/2020 00:00	Expiry Date	05/01/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	0.0	Windscreen Excess	0.0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	S'PORE SCH&PTE HIRE BUS OW	Agent Tel.	67410788	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 317C #03-194	Address 2	ANCHORVALE ROAD	Address 3	SINGAPORE 543317
Address 4		Address Type	Singapore address	Post Code	543317
Unit No.		Related Policy Number	5063746711-06		

► Insured Object: PC5775J

▼ Endorsements

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

Claim Handling

Accident MT/1107956

Policy No.	5063746711-06	Vehicle No.	PC5775J	GST Registration No.	
Certificate No.					
Policyholder Name	CHAN LI KIM (CHENG LIJIN)			Policyholder NRIC	S7129378E
Product Code	BUS INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	98481171	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(%)	20	Private Hire	No

Accident Details

Report Date	27/10/2020 11:02	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	26/10/2020	Time of Accident hh:mm	07:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC HOUGANG AVE 2 & HOUGANG AVE 10				

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 Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 317C #03-194	Address 2	ANCHORVALE ROAD	Address 3	SINGAPORE 543317
Address 4		Address Type	Singapore address	Post Code	543317
Unit No.		Related Policy Number	5063746711-06		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN YONG HUA	Driver NRIC	S1852423F	Driver DOB	02/07/1965
Register Date of Driver License	02/07/1998	Driver Age	55	Driving Experience	22
Contact No.(Mobile)	90218782	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 163	Address 2	SIMEI ROAD	Address 3	SINGAPORE 520163
Address 4		Address Type	Singapore address	Post Code	520163
Unit No.	06-386				
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	CHAN LI KIM (CHENG LIJIN)	Insured NRIC	S7129378E
Contact No.(Mobile)	91085777	Contact No.(Home)	63856136	Contact No.(Office)	
Email Address	jasindk@gmail.com	OI Vehicle Number	PC5775J	TP Vehicle Number	SBY7888D
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	PC5775J / SBY7888D ON 26 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	27/10/2020 11:04	Claim Close Date		Date Received	27/10/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1107956	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	27/10/2020 11:06

Path *	Category *	Confidential	Urgency *	Description *

Message Menu

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 27 Oct 2020 11:06	NRIC/ Driving License	Y	NRIC/ Driving License 2020-10-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 27 Oct 2020 11:05	SAS	Normal	SAS 2020-10-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 27 Oct 2020 11:05	Photos	Normal	Photos 2020-10-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 27 Oct 2020 11:05	Photos	Normal	Photos 2020-10-27	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 27 Oct 2020 11:04	Photos	Normal	Photos 2020-10-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 27 Oct 2020 11:04	Photos	Normal	Photos 2020-10-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 27 Oct 2020 11:04	Photos	Normal	Photos 2020-10-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 27 Oct 2020 11:04	Photos	Normal	Photos 2020-10-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 27 Oct 2020 11:04	Photos	Normal	Photos 2020-10-27	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	