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GeneralClaim

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Policy Query

Policy No.		Date of Accident	29/10/2020 07:10							
Vehicle No.(For Motor)	SLJ8185C	Certificate Number								
Search										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5109162820-01		LEE SU LING, SHERYL N ANN	S8311993D	GPC	drivo CLASSIC	SLJ8185C	SLJ8185C	20/05/2020	19/05/2021
Continue										

▼ Policy Information

Policy No.	5109162820-01	Policyholder Name	LEE SU LING, SHERYLN ANN	Policyholder NRIC	S8311993D
Certificate No.					
Address	3 PANDAN VALLEY #07-314 CHEMPAKA COURT SINGAPORE 597627				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	05/05/2020	Effective Date	20/05/2020 00:00	Expiry Date	19/05/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	DQ INSURE	Agent Tel.	64522788	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	3 PANDAN VALLEY	Address 2	#07-314 CHEMPAKA COURT	Address 3	SINGAPORE 597627
Address 4		Address Type	Singapore address	Post Code	597627
Unit No.		Related Policy Number	5109162820-01		

▶ Insured Object: SLJ8185C

▼ Endorsements

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

Claim Handling

Accident MT/1108448

Policy No.	5109162820-01	Vehicle No.	SLJ8185C	GST Registration No.	
Certificate No.					
Policyholder Name	LEE SU LING, SHERYL ANN			Policyholder NRIC	S8311993D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	87776633	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
▼ Accident Details					
Report Date	30/10/2020 15:27	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	29/10/2020	Time of Accident hh:mm	07:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 19 GHIM MOH CARPARK				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	500.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	1100.00	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	3 PANDAN VALLEY	Address 2	#07-314 CHEMPAKA COURT	Address 3	SINGAPORE 597627
Address 4		Address Type	Singapore address	Post Code	597627
Unit No.		Related Policy Number	5109162820-01		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM ZHI HAO (LIN ZUIHAO)	Driver NRIC	S8017128E	Driver DOB	15/06/1980
Register Date of Driver License	19/11/2008	Driver Age	40	Driving Experience	11
Contact No.(Mobile)	87776633	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	3 PANDAN VALLEY	Address 2	CHEMPAKA COURT	Address 3	SINGAPORE 597627
Address 4		Address Type	Singapore address	Post Code	597627
Unit No.	07-314				
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	LEE SU LING, SHERYL ANN	Insured NRIC	S8311993D
Contact No.(Mobile)	91445252	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	nlyrehs11@yahoo.com	OI Vehicle Number	SLJ8185C	TP Vehicle Number	GBJ6111Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLJ8185C / GBJ6111Y ON 29 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	30/10/2020 15:37	Claim Close Date		Date Received	30/10/2020 00:00
Report Taken By	Jackson				
☒ Print AK letter					

Save Submit

Attachment

Accident No.	MT/1108448	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	30/10/2020 15:39
Path *		Category *	
	Browse...	Confidential	Normal
	Browse...	Urgency *	Normal
	Browse...	Description *	
	Browse...		
	Browse...		
	Browse...		
	Browse...		
	Browse...		

