

eBaoTech

GeneralClaim

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Policy Query

Policy No.		Date of Accident	31/10/2020 20:30							
Vehicle No.(For Motor)	SMC1993H	Certificate Number								
Search										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5114059241	5114059241-000043	NEW DIRECTION PTE. LTD.	201228912D	GFM	drivo CLASSIC	SMC1993H	SMC1993H	02/12/2019	01/12/2020
Continue										

Claim Handling

Accident MT/1108693

Policy No.	5114059241	Vehicle No.	SMC1993H	GST Registration No.	
Certificate No.	5114059241-000043				
Policyholder Name	NEW DIRECTION PTE. LTD.			Policyholder NRIC	201228912D
Product Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available
▼ Accident Details					
Report Date	02/11/2020 16:03	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	31/10/2020	Time of Accident hh:mm	20:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG PIE TWDS JURONG				
▼ 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		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

▼ Policyholder Mailing Address

Address 1	22 SIN MING LANE	Address 2	#05-81 MIDVIEW CITY	Address 3	SINGAPORE 573969
Address 4		Address Type	Singapore address	Post Code	573969
Unit No.	05-13	Related Policy Number	5114059241		

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	NEW DIRECTION PTE. LTD.	Insured NRIC	201228912D
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	62935218
Email Address		OI Vehicle Number	SMC1993H	TP Vehicle Number	GY5195Z
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMC1993H / GY5195Z ON 31 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	02/11/2020 19:39	Claim Close Date		Date Received	02/11/2020 00:00
Report Taken By	Jackson				
☒ Print AK letter					

Save Submit

Attachment

Accident No.	MT/1108693	Claim No.	002		
Last Doc. Received	☒ Yes ☐ No	Upload Date	02/11/2020 19:40		
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	
	Browse... Clear	Please Select	NO	Normal	
Send Message					
▼ Attachment List					
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent?

