

eBaoTech

GeneralClaim

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Policy Query

Policy No.		Date of Accident	01/11/2020 13:45
Vehicle No. (For Motor)	SLW8263S	Certificate Number	

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5098300312-02		NAY MYO TUN	S7160491H	GPC	drivo CLASSIC	SLW8263S	SLW8263S	02/03/2020	01/03/2021

 Policy Information

Policy No.	5098300312-02	Policyholder Name	NAY MYO TUN	Policyholder NRIC	S7160491H
Certificate No.					
Address	BLK 441A #10-03 CLEMENTI AVENUE 3 SINGAPORE 121441				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	02/02/2020	Effective Date	02/03/2020 00:00	Expiry Date	01/03/2021 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	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 441A #10-03	Address 2	CLEMENTI AVENUE 3	Address 3	SINGAPORE 121441
Address 4		Address Type	Singapore address	Post Code	121441
Unit No.		Related Policy Number	5098300312-02		

 Insured Object: SLW8263S

 Endorsements

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

Claim Handling

Accident MT/1108754

Policy No.	5098300312-02	Vehicle No.	SLW8263S	GST Registration No.	
Certificate No.					
Policyholder Name	NAY MYO TUN			Policyholder NRIC	S7160491H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	96342683	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	02/11/2020 20:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	01/11/2020	Time of Accident hh:mm	13:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JLN LEMPENG				

▼ 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	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 441A #10-03	Address 2	CLEMENTI AVENUE 3	Address 3	SINGAPORE 121441
Address 4		Address Type	Singapore address	Post Code	121441
Unit No.		Related Policy Number	5098300312-02		

▼ OI Driver Info

Driver Name	NAY MYO TUN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7160491H	Driver DOB	14/03/1971
Register Date of Driver License	30/12/1996	Driver Age	49	Driving Experience	23
Contact No.(Mobile)	96342683	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 441A	Address 2	CLEMENTI AVENUE 3	Address 3	SINGAPORE 121441
Address 4		Address Type	Singapore address	Post Code	121441
Unit No.	10-03				
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	NAY MYO TUN	Insured NRIC	S7160491H
Contact No.(Mobile)	96342683	Contact No.(Home)	67758277	Contact No.(Office)	
Email Address	NAYGHC@GMAIL.COM	OI Vehicle Number	SLW8263S	TP Vehicle Number	SKV2224L
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLW8263S / SKV2224L ON 1 Nov 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 20:11	Claim Close Date		Date Received	02/11/2020 00:00
Report Taken By	Jackson				

☒ Print AK letterSave Submit

Attachment

Accident No.	MT/1108754	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	02/11/2020 20:12

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select		Normal	
Browse... Clear	Please Select		Normal	
Browse... Clear	Please Select		Normal	
Browse... Clear	Please Select		Normal	
Browse... Clear	Please Select		Normal	
Browse... Clear	Please Select		Normal	

