

eBaoTech

GeneralClaim

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## Policy Query

Policy No.  Date of Accident

Vehicle No.(For Motor)  Certificate Number

| Select                | Policy No.    | Certificate Number   | Policyholder Name | Policyholder NRIC | Product | Cover Type    | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|----------------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5110923222-01 | 5110923222-01-000019 | BENEFIT AUTO      | 53121670E         | GFM     | drivo CLASSIC | SLR7048E    | SLR7048E       | 14/07/2020    | 13/07/2021  |

 Policy Information

|                             |                                                    |                             |                  |                                  |                  |
|-----------------------------|----------------------------------------------------|-----------------------------|------------------|----------------------------------|------------------|
| Policy No.                  | 5110923222-01                                      | Policyholder Name           | BENEFIT AUTO     | Policyholder NRIC                | 53121670E        |
| Certificate No.             | 5110923222-01-000019                               |                             |                  |                                  |                  |
| Address                     | 2 SIMS CLOSE #01-08 GEMINI @ SIMS SINGAPORE 387298 |                             |                  |                                  |                  |
| Product Name                | FLEET MASTER INSURANCE                             | Plan                        |                  | Group Policy Flag                | N                |
| Policy Issue Date           | 09/07/2020                                         | Effective Date              | 14/07/2020 00:00 | Expiry Date                      | 13/07/2021 23:59 |
| Excess Type                 | Per Accident                                       | All Claims Excess           |                  |                                  |                  |
| Third Party Excess          | 1500                                               | Own damage Excess           | 2000             | Windscreen Excess                | 100              |
| Additional Excess           | 0                                                  | OS Premium                  | 0                |                                  |                  |
| Outside Singapore OD Excess | 2000                                               | Outside Singapore TP Excess | 1500             | Young/Inexperience Driver Excess |                  |
| Agent                       | BENEFIT AUTO INSURANCE AGE                         | Agent Tel.                  | 64445313         | GST Flag                         | Y                |
| Co-insurance Flag           | No                                                 |                             |                  |                                  |                  |
| Open Policy Info            |                                                    |                             |                  |                                  |                  |
| Certificate Info            |                                                    |                             |                  |                                  |                  |

 Policyholder Mailing Address

|           |              |                       |                      |           |                  |
|-----------|--------------|-----------------------|----------------------|-----------|------------------|
| Address 1 | 2 SIMS CLOSE | Address 2             | #01-08 GEMINI @ SIMS | Address 3 | SINGAPORE 387298 |
| Address 4 |              | Address Type          | Singapore address    | Post Code | 387298           |
| Unit No.  |              | Related Policy Number | 5095864980-03        |           |                  |

▶ Insured Object: 5110923222-01-000019

 Endorsements

| Sequence                        | Date of Endorsement | Endorsement Type | Endorsement Number | Endorsement Status | Endorsement Content |
|---------------------------------|---------------------|------------------|--------------------|--------------------|---------------------|
| <b>Certificate Endorsements</b> |                     |                  |                    |                    |                     |
| Sequence                        | Date of Endorsement | Endorsement Type | Endorsement Number | Endorsement Status | Endorsement Content |

Continue

Cancel

## Claim Handling

Accident MT/1108980

|                                         |                                                               |                               |                                                               |                        |                          |
|-----------------------------------------|---------------------------------------------------------------|-------------------------------|---------------------------------------------------------------|------------------------|--------------------------|
| Policy No.                              | 5110923222-01                                                 | Vehicle No.                   | SLR7048E                                                      | GST Registration No.   |                          |
| Certificate No.                         | 5110923222-01-000019                                          |                               |                                                               |                        |                          |
| Policyholder Name                       | BENEFIT AUTO                                                  |                               |                                                               | Policyholder NRIC      | 53121670E                |
| Product Code                            | FLEET MASTER INSURANCE                                        | Cover Type                    | drivo CLASSIC                                                 | Loading                | 0                        |
| Contact No.(Mobile)                     | 0                                                             | Contact No.(Office)           | 0                                                             | Contact No.(Home)      | 0                        |
| Email Address                           |                                                               | Special Remark                |                                                               | eCode                  | NC                       |
| KFK                                     | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA                           | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason           |                          |
| NCD Protection                          | No                                                            | NCD Entitlement(%)            | 0                                                             | Private Hire           | Yes                      |
| <b>▼ Accident Details</b>               |                                                               |                               |                                                               |                        |                          |
| Report Date                             | 04/11/2020 11:37                                              | Accident Report Within 24 hrs | Yes                                                           | Accident Type          | Collision - Head to Rear |
| Date of Accident                        | 31/10/2020                                                    | Time of Accident hh:mm        | 15:00                                                         | Country of Accident    | Singapore                |
| Reporting Centre                        |                                                               | Orange Force                  |                                                               | ICM No.                |                          |
| Accident Location                       | PIE TWDS CHANGI BEFORE KPE EXIT                               |                               |                                                               |                        |                          |
| <b>▼ Total Excess Applicable</b>        |                                                               |                               |                                                               |                        |                          |
| Excess Type                             | Per Accident                                                  | Windscreen Excess             | 100.00                                                        |                        |                          |
| OD Standard Excess                      | 2,000.00                                                      | TP Standard Excess            | 1,500.00                                                      |                        |                          |
| YIED OD Excess                          | 0.00                                                          | YIED TP Excess                |                                                               | Driver is Covered?     |                          |
| Additional Excess                       | 0                                                             |                               |                                                               |                        |                          |
| Total OD Excess Applicable              | 2000.00                                                       | Total TP Excess Applicable    |                                                               |                        |                          |
| <b>▼ Benefits</b>                       |                                                               |                               |                                                               |                        |                          |
| <b>▼ GST Registered Information</b>     |                                                               |                               |                                                               |                        |                          |
| GST Registered                          | No                                                            | GST Registration Date         |                                                               |                        |                          |
| GST Registration No.                    |                                                               | GST Status Verified           | Yes                                                           |                        |                          |
| Modification History                    |                                                               |                               |                                                               |                        |                          |
| <b>▼ Policyholder Mailing Address</b>   |                                                               |                               |                                                               |                        |                          |
| Address 1                               | 2 SIMS CLOSE                                                  | Address 2                     | #01-08 GEMINI @ SIMS                                          | Address 3              | SINGAPORE 387298         |
| Address 4                               |                                                               | Address Type                  | Singapore address                                             | Post Code              | 387298                   |
| Unit No.                                |                                                               | Related Policy Number         | 5095864980-03                                                 |                        |                          |
| <b>▼ OI Driver Info</b>                 |                                                               |                               |                                                               |                        |                          |
| Driver Name                             | Unnamed Driver                                                | Driver Type                   | Unnamed Driver                                                | Driver DOB             | 29/11/1984               |
| Unnamed driver Name                     | TAN MENG HUI                                                  | Driver NRIC                   | S8438412G                                                     | Driving Experience     | 10                       |
| Register Date of Driver License         | 04/10/2010                                                    | Driver Age                    | 35                                                            | Contact No.(Home)      | 0                        |
| Contact No.(Mobile)                     | 88131328                                                      | Contact No.(Office)           | 0                                                             | Address 3              | MEI LING VISTA           |
| Address 1                               | BLK 156                                                       | Address 2                     | MEI LING STREET                                               | Post Code              | 140156                   |
| Address 4                               | SINGAPORE 140156                                              | Address Type                  | Singapore address                                             |                        |                          |
| Unit No.                                | 08-261                                                        |                               |                                                               |                        |                          |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.            |                                                               | Driver Insurer Company |                          |
| <b>Declaration</b>                      |                                                               |                               |                                                               |                        |                          |
| Breathalyser or Blood Test Reading?     | 0 mg                                                          | Any injury?                   | <input checked="" type="radio"/> Yes <input type="radio"/> No |                        |                          |

Modification History

Claim 001 **New**

|                                                     |                                    |                         |                                  |                     |                            |  |
|-----------------------------------------------------|------------------------------------|-------------------------|----------------------------------|---------------------|----------------------------|--|
| Claim Type *                                        | OD-MX                              | Insured Name            | BENEFIT AUTO                     | Insured NRIC        | 53121670E                  |  |
| Contact No.(Mobile)                                 | 94247885                           | Contact No.(Home)       |                                  | Contact No.(Office) | 64445913                   |  |
| Email Address                                       | JOBENEFITAUTO@GMAIL.COM            | OI Vehicle Number       | SLR7048E                         | TP Vehicle Number   | SKB2695R                   |  |
| Claimant Type Claimant Type *                       | Please Select                      | Type of Benefit *       | Please Select                    |                     |                            |  |
| Claimant Name *                                     |                                    | Claimant NRIC *         |                                  |                     |                            |  |
| Claimant Address                                    |                                    |                         |                                  |                     |                            |  |
| Claim Description                                   | SLR7048E / SKB2695R ON 31 Oct 2020 |                         |                                  |                     | Name of Preferred Workshop |  |
| Preferred Workshop Contact No.                      |                                    | Insured Liability *     | Not at Fault                     |                     |                            |  |
| Require Finalisation                                | Yes                                | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report          | Received                   |  |
| Date Registered                                     | 04/11/2020 11:39                   | Claim Close Date        |                                  | Date Received       | 04/11/2020 00:00           |  |
| Report Taken By                                     | Jackson                            |                         |                                  |                     |                            |  |
| <input checked="" type="checkbox"/> Print AK letter |                                    |                         |                                  |                     |                            |  |

Save Submit

Attachment

|                    |                                                               |               |                  |           |               |
|--------------------|---------------------------------------------------------------|---------------|------------------|-----------|---------------|
| Accident No.       | MT/1108980                                                    | Claim No.     | 001              |           |               |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date   | 04/11/2020 11:40 |           |               |
| Path *             |                                                               |               |                  |           |               |
|                    | Browse...                                                     | Category *    | Confidential     | Urgency * | Description * |
|                    | Browse...                                                     | Please Select | NO               | Normal    |               |
|                    | Browse...                                                     | Please Select | NO               | Normal    |               |
|                    | Browse...                                                     | Please Select | NO               | Normal    |               |
|                    | Browse...                                                     | Please Select | NO               | Normal    |               |
|                    | Browse...                                                     | Please Select | NO               | Normal    |               |
|                    | Browse...                                                     | Please Select | NO               | Normal    |               |

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## Attachment List

| Attachment                                                                         | Uploaded By/Date                                                                   | Category              |   | Urgency | Description                     | Msg Sent?<br>(CO) |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------|---|---------|---------------------------------|-------------------|
|   | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI<br>CES) on 04 Nov 2020 11:40 | NRIC/ Driving License | Y | Normal  | NRIC/ Driving License 2020-11-4 |                   |
|   | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI<br>CES) on 04 Nov 2020 11:40 | SAS                   |   | Normal  | SAS 2020-11-4                   |                   |
|   | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI<br>CES) on 04 Nov 2020 11:40 | Photos                |   | Normal  | Photos 2020-11-4                |                   |
|   | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI<br>CES) on 04 Nov 2020 11:40 | Photos                |   | Normal  | Photos 2020-11-4                |                   |
|   | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI<br>CES) on 04 Nov 2020 11:40 | Photos                |   | Normal  | Photos 2020-11-4                |                   |
|   | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI<br>CES) on 04 Nov 2020 11:40 | Photos                |   | Normal  | Photos 2020-11-4                |                   |
|   | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI<br>CES) on 04 Nov 2020 11:40 | Photos                |   | Normal  | Photos 2020-11-4                |                   |
|   | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI<br>CES) on 04 Nov 2020 11:40 | Photos                |   | Normal  | Photos 2020-11-4                |                   |
|   | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI<br>CES) on 04 Nov 2020 11:39 | Photos                |   | Normal  | Photos 2020-11-4                |                   |
|   | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI<br>CES) on 04 Nov 2020 11:39 | Photos                |   | Normal  | Photos 2020-11-4                |                   |
|   | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI<br>CES) on 04 Nov 2020 11:39 | Photos                |   | Normal  | Photos 2020-11-4                |                   |
|   | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI<br>CES) on 04 Nov 2020 11:39 | Photos                |   | Normal  | Photos 2020-11-4                |                   |
|   | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI<br>CES) on 04 Nov 2020 11:39 | Photos                |   | Normal  | Photos 2020-11-4                |                   |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI<br>CES) on 04 Nov 2020 11:39 | Photos                |   | Normal  | Photos 2020-11-4                |                   |

## Video List

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|                  |             | Display in New Window | Scan and uploading |        |        |