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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
☐	5112704083-01	5112704083-01-000009	SHIN-HAN MOTORS PTE. LTD.	201800251R	GFM	Third Party	SJN6959C	SJN6959C	18/10/2020	17/10/2021

 Policy Information

Policy No.	5112704083-01	Policyholder Name	SHIN-HAN MOTORS PTE. LTD.	Policyholder NRIC	201800251R
Certificate No.	5112704083-01-000009				
Address	43 SPRINGSIDE WALK SINGAPORE 786628				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	07/10/2020	Effective Date	18/10/2020 00:00	Expiry Date	17/10/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	JG MOTOR AGENCY	Agent Tel.	63440727	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	43 SPRINGSIDE WALK	Address 2	SINGAPORE 786628	Address 3	
Address 4		Address Type	Singapore address	Post Code	786628
Unit No.		Related Policy Number	5112704083-01		

 Insured Object: 5112704083-01-000009

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
 Certificate Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

Continue

Cancel

Claim Handling

Accident MT/1109247

Policy No.	S112704083-01	Vehicle No.	SJN6959C	GST Registration No.	
Certificate No.	S112704083-01-000009				
Policyholder Name	SHIN-HAN MOTORS PTE. LTD.			Policyholder NRIC	201800251R
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	N
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

▼ Accident Details

Report Date	06/11/2020 13:10	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	05/11/2020	Time of Accident hh:mm	18:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC KAKI BUKIT RD 3 & KAKI BUKIT IND TERRACE				

▼ 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	
Additional Excess	0		
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	06/11/2020 13:12:03 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	43 SPRINGSIDE WALK	Address 2	SINGAPORE 786628	Address 3	
Address 4		Address Type	Singapore address	Post Code	786628
Unit No.		Related Policy Number	S112704083-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	12/12/1986
Unnamed driver Name	MUHAMMAD AZLAN BIN MOHAM	Driver NRIC	S8637905H	Driving Experience	11
Register Date of Driver License	18/02/2009	Driver Age	33	Contact No.(Home)	0
Contact No.(Mobile)	82929513	Contact No.(Office)	0	Address 3	TECK GHEE VIEW
Address 1	BLK 332	Address 2	ANG MO KIO AVENUE 1	Post Code	560332
Address 4	SINGAPORE 560332	Address Type	Singapore address		
Unit No.	04-1877				
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	SHIN-HAN MOTORS PTE. LTD.	Insured NRIC	201800251R
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SJN6959C	TP Vehicle Number	YQ2628R
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJN6959C / YQ2628R ON 5 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	06/11/2020 13:12	Claim Close Date		Date Received	06/11/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

▼

Accident No.	MT/1109247	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	06/11/2020 13:14

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	☐ NO ☒ YES	Normal	
Browse... Clear	Please Select	☐ NO ☒ YES	Normal	
Browse... Clear	Please Select	☐ NO ☒ YES	Normal	
Browse... Clear	Please Select	☐ NO ☒ YES	Normal	
Browse... Clear	Please Select	☐ NO ☒ YES	Normal	
Browse... Clear	Please Select	☐ NO ☒ YES	Normal	

