eBao Tech									Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					• Chang	e Language	• • Chan	ge Password	› Log Out
My Desktop	Policy Que	ry								•
Notice of Loss	Policy No.				Date	of Accident	[0	05/11/2020 1	5:30	
	Vehicle No.(For I	Motor) SMN69:	38C		Certif	icate Number	[
				-	Search					
	Select Policy	No. Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 511239	5771	ESTATE OF SEET AI LI	S7524952G	GPC	drivo CLASSIC	SMN6938C	SMN6938C	03/09/2019	30/11/2020
					Continue					

olicy No.			olicyholder ESTATE OF SEET AI LI		Policyholder S7524952G NRIC				
ertificate o.	te								
ddress	BLK 146 #01-1649 BEDOK RES	ERVOIR ROAD	SINGAPORE 4	70146					
roduct				Group Policy Flag		$N = \{1, \dots, n\}$			
ame olicy	03/09/2019	Effective			ALL DESCRIPTION OF TAXABLE PARTY.	30/11/2020 23:59			
sue Date xcess	Per Accident	All Claims Excess							
ype hird Party	Ov Ov		600		Windscreen	100			
xcess	0	damage Excess	0		Excess	100			
dditional xcess	0	OS Premium Outside							
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gent	SININS AGENCY PTE. LTD.	Agent Tel.	69503050		GST Flag	Y			
o- nsurance lag ipen olicy Info ertificate info	No								
▼ Policyl	holder Mailing Address				undraute are the box				
ddress 1	BLK 146 #01-1649	Addre		BEDOK RESERVOIR	ROAD	Address 3	SINGAPORE 470146		
ddress 4		Address Type Related Policy		Singapore address		Post Code	470146		
Jnit No.		Numl		5112395771					
▶ Insure	ed Object: SMN6938C								
▽ Endors	sements								
Seque	nce Date of Endorseme	nt	Endorsement '	Туре	Endorsemen	Status	Endorsement Content Thank you for giving us the		
ı	21/02/2020 00:00			sic Information Underwr dorsement Underwr		d	opportunity to serve you. We confirm that from 21 Feb 2020, the following amendment(s) is/ar made to this policy: 1. NAME OF POLICYHOLDER: ESTATE OF SEET AI LI 2. The Policy is extended to include AARON LIM JUN YING as the Primary driver.		
2 21/02/2020 00:00			Information rsement	Endorse	ement Take E	Thank you for giving us the opportunity to serve you. We confirm that from 21 Feb 2020, the following amendment(s) is/a made to this policy: 1. NAME OF POLICYHOLDER: ESTATE OF SEA IL II 2. The Policy is extended to include AARON LIM JUN YING as the Primary driver.			
	01/06/2020 00:00	POI I	Extension/Shor	ten Endors	ement Take E	ffective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 03 Sep 2019 TO 30 Nov 2020 In view of this amendment, an additional premium of \$474.48 (inclusive of GST) is payable under your policy Please ignore this premium payment request if you have sinc made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issu		

cident MT/1109749			CHNEO30C TELEVISION	GST Registration No.	NEED TECHNICAL
icy No.	5112395771	Vehicle No.	SMN6938C	GST Registration No.	
tificate No.				Deligebolder NRIC	S7524952G
icyholder Name	ESTATE OF SEET AI LI			Policyholder NRIC	
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ntact No.(Mobile) 83138369 Contact No.(O		Contact No.(Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	Nc 🗸
K	No ○ Yes	TCA	No ○ Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	0	Private Hire	No
	NV COLUMN TO SERVICE DE L'ACTION	**************************************			
Accident Details			William	Accident Type	Side Swipe
eport Date	11/11/2020 10:03	Accident Report Within 24 hrs	Yes		
ate of Accident	05/11/2020	Time of Accident hh:mm	15:30	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
ccident Location	VICTORIA ST TWDS BUGIS				
▼ Total Excess Applicable			and control or an analysis of the control of the co		
ccess Type	Per Accident	Windscreen Excess	100.00		
	CO0.00	TP Standard Excess	0.00		
D Standard Excess	600.00		0.00	Driver is Covered?	Covered
ED OD Excess	0.00	YIED TP Excess	0.00	Dilver is covered.	
dditional Excess	0		AND THE RESERVE OF THE PARTY OF		
otal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
▽ Benefits					
GST Registered Informa	tion				
ST Registered	No. 10 marine 10 de la marine		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
odification History					
STORES VS SECT STRONGS BRIDE					
Policyholder Mailing Ad		1.21 72		Addrage 2	SINGAPORE 470146
ddress 1	BLK 146 #01-1649	Address 2	BEDOK RESERVOIR ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	470146
Init No.		Related Policy Number	5112395771		
OI Driver Info					
Driver Name	AARON LIM JUN YING	Driver Type	Main Driver		
Innamed driver Name		Driver NRIC	S9504734C	Driver DOB	14/02/1995
egister Date of Driver License	14/04/2015	Driver Age	25	Driving Experience	5
Contact No.(Mobile)	83138369	Contact No.(Office)	O 100 100 100 100 100 100 100 100 100 10	Contact No.(Home)	0
		Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS SPRING
Address 1	BLK 146		Singapore address	Post Code	470146
Address 4	SINGAPORE 470146	Address Type	Singapore address	,	
Jnit No.	01-1649				
Does he own a Singapore Registered car?	O 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					
		Laboratoria National	ESTATE OF CELT ALL	Insured NPIC	S7524952G
	OD-MX 🔻	Insured Name	ESTATE OF SEET AI LI	Insured NRIC Contact No.(Office)	S7524952G
Contact No.(Mobile)	96211113	Contact No.(Home)	65040892	Contact No.(Office)	
Contact No.(Mobile) Email Address	96211113 seet.dorin9@gmail.com	Contact No.(Home) OI Vehicle Number	65040892 SMN6938C		\$7524952G \$LA3786Z
Contact No.(Mobile) Email Address	96211113 seet.dorin9@gmail.com	Contact No.(Home) OI Vehicle Number Type of Benefit *	65040892	Contact No.(Office)	
Contact No.(Mobile) Email Address Claimant Type Claimant Type *	96211113 seet.dorin9@gmail.com	Contact No.(Home) OI Vehicle Number	65040892 SMN6938C	Contact No.(Office)	
Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Name *	96211113 seet.dorin9@gmail.com Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit *	65040892 SMN6938C	Contact No.(Office) TP Vehicle Number	
Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address	96211113 seet.dorin9@gmail.com Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit *	65040892 SMN6938C	Contact No.(Office)	
Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact	96211113	Contact No.(Home) OI Vehicle Number Type of Benefit *	65040892 SMN6938C	Contact No.(Office) TP Vehicle Number	
Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact Vo.	96211113	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	65040892 SMN6938C Please Select	Contact No.(Office) TP Vehicle Number	
Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Excription Perferred Workshop Contact No. Require Finalisation	96211113	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	SS040892 SMN6938C Please Select V Not at Fault	Contact No.(Office) TP Vehicle Number	SLA3786Z
Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	96211113 seet.dorin9⊕gmail.com Please Select ≥≥≥ SMN6938C / SLA3786Z ON 5 Nov 2020 Yes 11/11/2020 10:12	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	SS040892 SMN6938C Please Select V Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	SLA3786Z
Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	96211113	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	SS040892 SMN6938C Please Select V Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	SLA3786Z
contact No. (Mobile) cmail Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description referred Workshop Contact to. Lequire Finalisation ate Registered Report Taken By	96211113 seet.dorin9⊕gmail.com Please Select ≥≥≥ SMN6938C / SLA3786Z ON 5 Nov 2020 Yes 11/11/2020 10:12	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	SS040892 SMN6938C Please Select V Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	SLA3786Z
Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Perferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	96211113 seet.dorin9⊕gmail.com Please Select ≥≥≥ SMN6938C / SLA3786Z ON 5 Nov 2020 Yes 11/11/2020 10:12	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	SMN6938C Please Select Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	SLA3786Z
Contact No. (Mobile) Email Address Claimant Type Claimant Type Claimant Type Claimant Name Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	96211113 seet.dorin9⊕gmail.com Please Select ≥≥≥ SMN6938C / SLA3786Z ON 5 Nov 2020 Yes 11/11/2020 10:12	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	SS040892 SMN6938C Please Select V Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	SLA3786Z
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Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	96211113 seet.dorin9⊕gmail.com Please Select ≥≥≥ SMN6938C / SLA3786Z ON 5 Nov 2020 Yes 11/11/2020 10:12	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	SMN6938C Please Select Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	SLA3786Z
Contact No. (Mobile) Email Address Claimant Type Claimant Type Claimant Type Claimant Name Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	96211113 seet.dorin9⊕gmail.com Please Select ≥≥≥ SMN6938C / SLA3786Z ON 5 Nov 2020 Yes 11/11/2020 10:12 Jackson	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date	Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	SLA3786Z
Contact No. (Mobile) Email Address Claimant Type Claimant Type Claimant Type Claimant Type Claimant Type Claimant Type Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	96211113 Seet.dorin9@gmail.com Please Select ✓ ≥≥ SMN6938C / SLA3786Z ON 5 Nov 2020 Yes ✓ 11/11/2020 10:12 Jackson	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date	South State Select Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	SLA3786Z
Contact No. (Mobile) Email Address Claimant Type Claimant Type Claimant Type Claimant Type Claimant Type Claimant Address Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment Accident No.	96211113 seet.dorin9⊕gmail.com Please Select ≥≥≥ SMN6938C / SLA3786Z ON 5 Nov 2020 Yes 11/11/2020 10:12 Jackson	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date	Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	Received 11/11/2020 00:00
contact No. (Mobile) cmail Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claimant Address Claimant Contact Low C	96211113 Seet.dorin9@gmail.com Please Select ✓ ≥≥ SMN6938C / SLA3786Z ON 5 Nov 2020 Yes ✓ 11/11/2020 10:12 Jackson	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date	South State Select Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	Received 11/11/2020 00:00
ontact No. (Mobile) mail Address laimant Type Claimant Type * laimant Name * laimant Address laimant Address laimant Address laimant Scription referred Workshop Contact lo. lequire Finalisation bate Registered leport Taken By Print AK letter Attachment Accident No.	9621113 seet.dorin9⊕gmail.com Please Select ≥≥≥ SMN6938C / SLA3786Z ON 5 Nov 2020 Yes 11/11/2020 10:12 Jackson MT/:1109749 ● Yes ○ No	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date	Save Submit O01 11/11/2020 10:13 Category *	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	Received 11/11/2020 00:00
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Attachment L		d By/Date	Category	9	Urgency	Descrip	tion	Msg Sent? (CO)
500 E		NAL ASSESSMENT CENTRE SERVI ov 2020 10:13	NRIC/ Driving License	Y	Normal	NRIC/ Driving Lices	nse 2020-11-11	
1	NAC_PAYA_UBI_800601(NATIO CES) on 11 N	NAL ASSESSMENT CENTRE SERVI ov 2020 10:13	SAS		Normal	SAS 2020	-11-11	
	NAC_PAYA_UBI_800601(NATIO CES) on 11 N	NAL ASSESSMENT CENTRE SERVI ov 2020 10:13	Photos		Normal	Photos 202	0-11-11	
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		DNAL ASSESSMENT CENTRE SERVI Nov 2020 10:12	Photos		Normal	Photos 20	20-11-11	
Video List	Uploaded By/Date	Folder Date		File Name		9	Source	