

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

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
☐	5119664993		MUHAMMAD AFFIQ BIN MUHAMMAD ASMAWI	S96332141	GMC	Third Party, Fire & Theft	FBE5027R	FBE5027R	29/10/2020	29/10/2021

Policy Information**Policyholder Mailing Address**

Address 1	BLK 125 #02-1486	Address 2	HOU GANG AVENUE 1	Address 3	SINGAPORE 530125
Address 4		Address Type	Singapore address	Post Code	530125
Unit No.	02-1486	Related Policy Number	5119664993		

Insured Object: FBE5027R**Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	29/10/2020 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 29 Oct 2020, the following amendment(s) is/are made to this policy: The policy is extended to cover food/parcel/other delivery services.
2	30/10/2020 00:00	POI Extension/Shorten	Endorsement Take Effective	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: 29 Oct 2020 TO 29 Oct 2021

[Continue](#)[Cancel](#)

Claim Handling

Accident MT/1109802

Policy No.	5119664993	Vehicle No.	FBE5027R	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD AFFIQ BIN MUHAMMAD ASMAWI			Policyholder NRIC	S9633214I
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	98441452	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	11/11/2020 15:11	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	10/11/2020	Time of Accident hh:mm	08:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOWER DELTA TWDS BUKIT MERAH BEFORE AYE EXIT				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	0.00	TP Standard Excess	0.00
YIED OD Excess	0.00	YIED TP Excess	0.00
Additional Excess			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00

▼ Benefits

Driver is Covered? Not Covered

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 125 #02-1486	Address 2	HOUGANG AVENUE 1	Address 3	SINGAPORE 530125
Address 4		Address Type	Singapore address	Post Code	530125
Unit No.	02-1486	Related Policy Number	5119664993		

▼ OI Driver Info

Driver Name	MUHAMMAD AFFIQ BIN MUHAMMAD ASMAWI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9633214I	Driver DOB	24/09/1996
Register Date of Driver License	08/05/2017	Driver Age	24	Driving Experience	3
Contact No.(Mobile)	98441452	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 125	Address 2	HOUGANG AVENUE 1	Address 3	SINGAPORE 530125
Address 4		Address Type	Singapore address	Post Code	530125
Unit No.	02-1486				
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
-------------------------------------	------	-------------	---

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	MUHAMMAD AFFIQ BIN MUHAMMAD	Insured NRIC	S9633214I
Contact No.(Mobile)	98441452	Contact No.(Home)		Contact No.(Office)	
Email Address	AFFIQ2409@GMAIL.COM	OI Vehicle Number	FBE5027R	TP Vehicle Number	FG5321H
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	FBE5027R / FG5321H ON 10 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	11/11/2020 15:31	Claim Close Date		Date Received	11/11/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Attachment

Accident No.	MT/1109802	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	11/11/2020 15:32

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	

