

eBaoTech

GeneralClaim

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## Policy Query

|                                         |                                       |                    |                                               |                   |         |               |             |                |               |             |
|-----------------------------------------|---------------------------------------|--------------------|-----------------------------------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| Policy No.                              | <input type="text"/>                  | Date of Accident   | <input type="text" value="11/11/2020 08:30"/> |                   |         |               |             |                |               |             |
| Vehicle No.(For Motor)                  | <input type="text" value="SGK5290E"/> | Certificate Number | <input type="text"/>                          |                   |         |               |             |                |               |             |
| <input type="button" value="Search"/>   |                                       |                    |                                               |                   |         |               |             |                |               |             |
| Select                                  | Policy No.                            | Certificate Number | Policyholder Name                             | Policyholder NRIC | Product | Cover Type    | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| <input type="radio"/>                   | 5089916302-03                         |                    | TONG DA FIRST ENTERPRISE                      | 53038506J         | GPC     | drive CLASSIC | SGK5290E    | SGK5290E       | 16/08/2020    | 15/08/2021  |
| <input type="button" value="Continue"/> |                                       |                    |                                               |                   |         |               |             |                |               |             |

## ▼ Policy Information

|                             |                                                |                             |                          |                                  |                  |
|-----------------------------|------------------------------------------------|-----------------------------|--------------------------|----------------------------------|------------------|
| Policy No.                  | 5089916302-03                                  | Policyholder Name           | TONG DA FIRST ENTERPRISE | Policyholder NRIC                | 53038506J        |
| Certificate No.             |                                                |                             |                          |                                  |                  |
| Address                     | BLK 115 #17-23 RIVERVALE WALK SINGAPORE 540115 |                             |                          |                                  |                  |
| Product Name                | PRIVATE CAR INSURANCE                          | Plan                        |                          | Group Policy Flag                | N                |
| Policy Issue Date           | 05/08/2020                                     | Effective Date              | 16/08/2020 00:00         | Expiry Date                      | 15/08/2021 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                       | PARKWAY INSURANCE AGENCY                       | Agent Tel.                  | 65276949                 | GST Flag                         | Y                |
| Co-insurance Flag           | No                                             |                             |                          |                                  |                  |
| Open Policy Info            |                                                |                             |                          |                                  |                  |
| Certificate Info            |                                                |                             |                          |                                  |                  |

## ▼ Policyholder Mailing Address

|           |                |                       |                   |           |                  |
|-----------|----------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | BLK 115 #17-23 | Address 2             | RIVERVALE WALK    | Address 3 | SINGAPORE 540115 |
| Address 4 |                | Address Type          | Singapore address | Post Code | 540115           |
| Unit No.  | 17-23          | Related Policy Number | 5089916302-03     |           |                  |

## ▶ Insured Object: SGK5290E

## ▼ Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|------------------|--------------------|---------------------|
|----------|---------------------|------------------|--------------------|---------------------|

Continue

Cancel

## Claim Handling

Accident MT/1109858

|                                  |                                                               |                               |                                                               |                      |                          |
|----------------------------------|---------------------------------------------------------------|-------------------------------|---------------------------------------------------------------|----------------------|--------------------------|
| Policy No.                       | 5089916302-03                                                 | Vehicle No.                   | SGK5290E                                                      | GST Registration No. |                          |
| Certificate No.                  |                                                               |                               |                                                               |                      |                          |
| Policyholder Name                | TONG DA FIRST ENTERPRISE                                      |                               |                                                               | Policyholder NRIC    | 53038506J                |
| Product Code                     | PRIVATE CAR INSURANCE                                         | Cover Type                    | drive 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                   | Yes                                                           | NCD Entitlement(%)            | 50                                                            | Private Hire         | Yes                      |
| <b>▼ Accident Details</b>        |                                                               |                               |                                                               |                      |                          |
| Report Date                      | 12/11/2020 10:06                                              | Accident Report Within 24 hrs | Yes                                                           | Accident Type        | Collision - Head to Rear |
| Date of Accident                 | 11/11/2020                                                    | Time of Accident hh:mm        | 08:30                                                         | Country of Accident  | Singapore                |
| Reporting Centre                 |                                                               | Orange Force                  |                                                               | ICM No.              |                          |
| Accident Location                | CHOA CHU KANG DR                                              |                               |                                                               |                      |                          |
| <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                | 0.00                                                          | Driver is Covered?   | Covered                  |
| Additional Excess                | 0                                                             |                               |                                                               |                      |                          |
| Total OD Excess Applicable       | 2000.00                                                       | Total TP Excess Applicable    | 1,500.00                                                      |                      |                          |

|                                     |    |                       |     |
|-------------------------------------|----|-----------------------|-----|
| <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                             | BLK 115 #17-23 | Address 2             | RIVERVALE WALK    |
| Address 4                             |                | Address Type          | Singapore address |
| Unit No.                              | 17-23          | Related Policy Number | 5089916302-03     |
|                                       |                | Address 3             | SINGAPORE 540115  |
|                                       |                | Post Code             | 540115            |

|                                         |                                                               |                        |                   |
|-----------------------------------------|---------------------------------------------------------------|------------------------|-------------------|
| <b>▼ OI Driver Info</b>                 |                                                               |                        |                   |
| Driver Name                             | VU THI DUNG                                                   | Driver Type            | Named Driver      |
| Unnamed driver Name                     |                                                               | Driver NRIC            | S7684577H         |
| Register Date of Driver License         | 10/11/2011                                                    | Driver Age             | 44                |
| Contact No.(Mobile)                     | 94873707                                                      | Contact No.(Office)    | 0                 |
| Address 1                               | 26 UPPER SERANGOON VIEW                                       | Contact No.(Home)      | 0                 |
| Address 4                               |                                                               | Address 2              | RIO VISTA         |
| Unit No.                                | 10-32                                                         | Address Type           | Singapore address |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Address 3              | SINGAPORE 534206  |
|                                         |                                                               | Post Code              | 534206            |
|                                         |                                                               | 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            | TONG DA FIRST ENTERPRISE         | Insured NRIC               | 53038506J        |
| Contact No.(Mobile)                                 |                                    | Contact No.(Home)       |                                  | Contact No.(Office)        | 65276949         |
| Email Address                                       |                                    | OI Vehicle Number       | SGK5290E                         | TP Vehicle Number          | SMB1501A         |
| Claimant Type Claimant *                            | Please Select                      | Type of Benefit *       | Please Select                    |                            |                  |
| Claimant Name *                                     |                                    | Claimant NRIC *         |                                  |                            |                  |
| Claimant Address                                    |                                    |                         |                                  |                            |                  |
| Claim Description                                   | SGK5290E / SMB1501A ON 11 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                                     | 12/11/2020 10:08                   | Claim Close Date        |                                  | Date Received              | 12/11/2020 00:00 |
| Report Taken By                                     | Jackson                            |                         |                                  |                            |                  |
| <input checked="" type="checkbox"/> Print AK letter |                                    |                         |                                  |                            |                  |

Save Submit

Attachment

| Accident No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MT/1109858                                                    | Claim No.    | 001              |               |            |              |           |               |                 |               |    |        |  |                 |               |    |        |  |                 |               |    |        |  |                 |               |    |        |  |                 |               |    |        |  |                 |               |    |        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------|------------------|---------------|------------|--------------|-----------|---------------|-----------------|---------------|----|--------|--|-----------------|---------------|----|--------|--|-----------------|---------------|----|--------|--|-----------------|---------------|----|--------|--|-----------------|---------------|----|--------|--|-----------------|---------------|----|--------|--|
| Last Doc. Received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date  | 12/11/2020 10:09 |               |            |              |           |               |                 |               |    |        |  |                 |               |    |        |  |                 |               |    |        |  |                 |               |    |        |  |                 |               |    |        |  |                 |               |    |        |  |
| <table border="0"> <thead> <tr> <th>Path *</th><th>Category *</th><th>Confidential</th><th>Urgency *</th><th>Description *</th></tr> </thead> <tbody> <tr> <td>Browse... Clear</td><td>Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr> <td>Browse... Clear</td><td>Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr> <td>Browse... Clear</td><td>Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr> <td>Browse... Clear</td><td>Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr> <td>Browse... Clear</td><td>Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr> <td>Browse... Clear</td><td>Please Select</td><td>NO</td><td>Normal</td><td></td></tr> </tbody> </table> |                                                               |              |                  | 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 |  |
| 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           |               |            |              |           |               |                 |               |    |        |  |                 |               |    |        |  |                 |               |    |        |  |                 |               |    |        |  |                 |               |    |        |  |                 |               |    |        |  |

