

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"/> | 5119791208 |                    | KEMCONCEPT PTE. LTD | 201422287N        | GPC     | Third Party | SJR5074R    | SJR5074R       | 09/11/2020    | 25/12/2021  |

 Policy Information

|                             |                                                                            |                             |                     |                                  |                  |
|-----------------------------|----------------------------------------------------------------------------|-----------------------------|---------------------|----------------------------------|------------------|
| Policy No.                  | 5119791208                                                                 | Policyholder Name           | KEMCONCEPT PTE. LTD | Policyholder NRIC                | 201422287N       |
| Certificate No.             |                                                                            |                             |                     |                                  |                  |
| Address                     | BLK 3014 #01-278 UBI ROAD 1 KAMPONG UBI INDUSTRIAL ESTATE SINGAPORE 408702 |                             |                     |                                  |                  |
| Product Name                | PRIVATE CAR INSURANCE                                                      | Plan                        |                     | Group Policy Flag                | N                |
| Policy Issue Date           | 09/11/2020                                                                 | Effective Date              | 09/11/2020 00:00    | Expiry Date                      | 25/12/2021 23:59 |
| Excess Type                 | Per Accident                                                               | All Claims Excess           |                     |                                  |                  |
| Third Party Excess          | 0                                                                          | Own damage Excess           | 0                   | Windscreen Excess                | 0                |
| Additional Excess           | 0                                                                          | OS Premium                  | 1269.80             |                                  |                  |
| Outside Singapore OD Excess | 0                                                                          | Outside Singapore TP Excess | 0                   | Young/Inexperience Driver Excess |                  |
| Agent                       | TONG HIN INSURANCE AGENCY                                                  | Agent Tel.                  | 65155333            | GST Flag                         | Y                |
| Co-insurance Flag           | No                                                                         |                             |                     |                                  |                  |
| Open Policy Info            |                                                                            |                             |                     |                                  |                  |
| Certificate Info            |                                                                            |                             |                     |                                  |                  |

 Policyholder Mailing Address

|           |                  |                       |                   |           |                            |
|-----------|------------------|-----------------------|-------------------|-----------|----------------------------|
| Address 1 | BLK 3014 #01-278 | Address 2             | UBI ROAD 1        | Address 3 | KAMPONG UBI INDUSTRIAL EST |
| Address 4 | SINGAPORE 408702 | Address Type          | Singapore address | Post Code | 408702                     |
| Unit No.  | 01-278           | Related Policy Number | 5119791208        |           |                            |

 Insured Object: SJR5074R

 Endorsements

| Sequence                              | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|---------------------------------------|---------------------|------------------|--------------------|---------------------|
| <div>Continue</div> <div>Cancel</div> |                     |                  |                    |                     |

## Claim Handling

The premium on this policy has not been collected.

Accident MT/1110521

|                     |                                                               |                     |                                                               |                      |            |
|---------------------|---------------------------------------------------------------|---------------------|---------------------------------------------------------------|----------------------|------------|
| Policy No.          | 5119791208                                                    | Vehicle No.         | SJR5074R                                                      | GST Registration No. |            |
| Certificate No.     |                                                               |                     |                                                               |                      |            |
| Policyholder Name   | KEMCONCEPT PTE. LTD                                           |                     |                                                               | Policyholder NRIC    | 201422287N |
| Product Code        | PRIVATE CAR INSURANCE                                         | Cover Type          | Third Party                                                   | Loading              | 0          |
| Contact No.(Mobile) | 97558850                                                      | 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         | No         |

**▼ Accident Details**

|                   |                  |                               |       |                     |                          |
|-------------------|------------------|-------------------------------|-------|---------------------|--------------------------|
| Report Date       | 18/11/2020 09:48 | Accident Report Within 24 hrs | Yes   | Accident Type       | Collision - Head to Rear |
| Date of Accident  | 17/11/2020       | Time of Accident hh:mm        | 13:30 | Country of Accident | Singapore                |
| Reporting Centre  |                  | Orange Force                  |       | ICM No.             |                          |
| Accident Location | PIE TWDS TUAS    |                               |       |                     |                          |

**▼ Total Excess Applicable**

|                            |              |                            |      |                    |  |
|----------------------------|--------------|----------------------------|------|--------------------|--|
| Excess Type                | Per Accident | Windscreen Excess          | 0.00 |                    |  |
| OD Standard Excess         | 0.00         | TP Standard Excess         | 0.00 |                    |  |
| YIED OD Excess             | 0.00         | YIED TP Excess             |      | Driver is Covered? |  |
| 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 | 18/11/2020 09:49:11 System changed GST Status Verified from No to Yes |                       |     |

## Policyholder Mailing Address

|           |                  |                       |                   |           |                            |
|-----------|------------------|-----------------------|-------------------|-----------|----------------------------|
| Address 1 | BLK 3014 #01-278 | Address 2             | UBI ROAD 1        | Address 3 | KAMPONG UBI INDUSTRIAL EST |
| Address 4 | SINGAPORE 408702 | Address Type          | Singapore address | Post Code | 408702                     |
| Unit No.  | 01-278           | Related Policy Number | 5119791208        |           |                            |

## OI Driver Info

|                                         |                                                               |                     |                   |                        |                  |
|-----------------------------------------|---------------------------------------------------------------|---------------------|-------------------|------------------------|------------------|
| Driver Name                             | Unnamed Driver                                                | Driver Type         | Unnamed Driver    | Driver DOB             | 24/01/1981       |
| Unnamed driver Name                     | WOON GUO LIANG (WEN GUOL                                      | Driver NRIC         | S8102431F         | Driving Experience     | 18               |
| Register Date of Driver License         | 04/12/2001                                                    | Driver Age          | 39                | Contact No.(Home)      | 0                |
| Contact No.(Mobile)                     | 97625382                                                      | Contact No.(Office) | 0                 | Address 3              | SINGAPORE 530946 |
| Address 1                               | BLK 946                                                       | Address 2           | HOUANG STREET 92  | Post Code              | 530946           |
| Address 4                               |                                                               | Address Type        | Singapore address |                        |                  |
| Unit No.                                | 14-165                                                        |                     |                   |                        |                  |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.  |                   | Driver Insurer Company |                  |

## Declaration

|                                     |      |             |                                                               |
|-------------------------------------|------|-------------|---------------------------------------------------------------|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---------------------------------------------------------------|

## Modification History

Claim 001 **New**

|                                |                                    |                         |                                  |                            |                  |
|--------------------------------|------------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type *                   | OD-MX                              | Insured Name            | KEMCONCEPT PTE. LTD              | Insured NRIC               | 201422287N       |
| Contact No.(Mobile)            |                                    | Contact No.(Home)       | NIL                              | Contact No.(Office)        |                  |
| Email Address                  |                                    | OI Vehicle Number       | SJR5074R                         | TP Vehicle Number          | SLP6180Y         |
| Claimant Type Claimant Type *  | Please Select                      | Type of Benefit *       | Please Select                    |                            |                  |
| Claimant Name *                |                                    | Claimant NRIC *         |                                  |                            |                  |
| Claimant Address               |                                    |                         |                                  |                            |                  |
| Claim Description              | SJR5074R / SLP6180Y ON 17 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                | 18/11/2020 09:50                   | Claim Close Date        |                                  | Date Received              | 18/11/2020 00:00 |
| Report Taken By                | Jackson                            |                         |                                  |                            |                  |

☒ Print AK letter

Save Submit

## Attachment

|                    |                                                               |             |                  |
|--------------------|---------------------------------------------------------------|-------------|------------------|
| Accident No.       | MT/1110521                                                    | Claim No.   | 001              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 18/11/2020 09:51 |

| 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

Attachment List

Send Message

| Attachment                                                                        | Uploaded By/Date                                                               | Category              | Urgency | Description                      | Msg Sent? (CO) |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------|---------|----------------------------------|----------------|
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 18 Nov 2020 09:51 | NRIC/ Driving License | Y       | NRIC/ Driving License 2020-11-18 |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 18 Nov 2020 09:50 | SAS                   | Normal  | SAS 2020-11-18                   |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 18 Nov 2020 09:50 | Photos                | Normal  | Photos 2020-11-18                |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 18 Nov 2020 09:50 | Photos                | Normal  | Photos 2020-11-18                |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 18 Nov 2020 09:50 | Photos                | Normal  | Photos 2020-11-18                |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 18 Nov 2020 09:50 | Photos                | Normal  | Photos 2020-11-18                |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 18 Nov 2020 09:50 | Photos                | Normal  | Photos 2020-11-18                |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 18 Nov 2020 09:50 | Photos                | Normal  | Photos 2020-11-18                |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 18 Nov 2020 09:50 | Photos                | Normal  | Photos 2020-11-18                |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 18 Nov 2020 09:50 | Photos                | Normal  | Photos 2020-11-18                |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 18 Nov 2020 09:50 | Photos                | Normal  | Photos 2020-11-18                |                |

Video List

| Uploaded By/Date | Folder Date | File Name | Source | Action |
|------------------|-------------|-----------|--------|--------|
|------------------|-------------|-----------|--------|--------|

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