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GeneralClaim

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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
☐	5118447345		GOH KIAN TIAN, ANSON (WU QINTIAN)	S8906230F	GPC	drivo CLASSIC	SMD3119Y	SMD3119Y	30/07/2020	29/07/2021

▼ Policy Information

Policy No.	5118447345	Policyholder Name	GOH KIAN TIAN, ANSON (WU Q	Policyholder NRIC	S8906230F
Certificate No.					
Address	BLK 683C #06-677 EDGEDALE PLAINS WATERWAY VIEW SINGAPORE 823683				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	29/07/2020	Effective Date	30/07/2020 00:00	Expiry Date	29/07/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	BIZFOLIO MOTOR TRADING	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 683C #06-677	Address 2	EDGEDALE PLAINS	Address 3	WATERWAY VIEW
Address 4	SINGAPORE 823683	Address Type	Singapore address	Post Code	823683
Unit No.		Related Policy Number	5118447345		

► Insured Object: SMD3119Y

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
Continue Cancel				

Claim Handling

Accident MT/1110826

Policy No.	5118447345	Vehicle No.	SMD3119Y	GST Registration No.	
Certificate No.					
Policyholder Name	GOH KIAN TIAN, ANSON (WU QINTIAN)			Policyholder NRIC	S8906230F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	92351115	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(%)	20	Private Hire	No

▼ Accident Details

Report Date	20/11/2020 14:51	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	19/11/2020	Time of Accident hh:mm	16:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD YIO CHU KANG RD TWDS CTE (AYE)				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 683C #06-677	Address 2	EDGE DALE PLAINS	Address 3	WATERWAY VIEW
Address 4	SINGAPORE 823683	Address Type	Singapore address	Post Code	823683
Unit No.		Related Policy Number	5118447345		

▼ OI Driver Info

Driver Name	GOH KIAN TIAN ANSON	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8906230F	Driver DOB	13/02/1989
Register Date of Driver License	02/10/2012	Driver Age	31	Driving Experience	8
Contact No.(Mobile)	92351115	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 683C	Address 2	EDGE DALE PLAINS	Address 3	WATERWAY VIEW
Address 4	SINGAPORE 823683	Address Type	Singapore address	Post Code	823683
Unit No.	06-677				
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	GOH KIAN TIAN, ANSON (WU Q	Insured NRIC	S8906230F
Contact No.(Mobile)	92351115	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	junkstation_@hotmail.com	OI Vehicle Number	SMD3119Y	TP Vehicle Number	GX9866A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMD3119Y / GX9866A ON 19 Nov 2020			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	20/11/2020 14:58	Claim Close Date		Date Received	20/11/2020 00:00
Report Taken By	Jackson				
☒ Print AK letter					

Save Submit

Attachment

Accident No.	MT/1110826	Claim No.	001						
Last Doc. Received	☒ Yes ☐ No	Upload Date	20/11/2020 14:59						
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				

