

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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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
☐	5115627654		KEITH YIAP LI KANG	S9426279H	GMC	Third Party, Fire & Theft	FBM5536X	FBM5536X	16/01/2020	15/01/2021

 Policy Information

Policy No.	5115627654	Policyholder Name	KEITH YIAP LI KANG	Policyholder NRIC	S9426279H
Certificate No.					
Address	BLK 116 #02-421 ANG MO KIO AVENUE 4 KEBUN BARU HEIGHTS SINGAPORE 560116				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	16/01/2020	Effective Date	16/01/2020 00:00	Expiry Date	15/01/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 116 #02-421	Address 2	ANG MO KIO AVENUE 4	Address 3	KEBUN BARU HEIGHTS
Address 4	SINGAPORE 560116	Address Type	Singapore address	Post Code	560116
Unit No.	02-421	Related Policy Number	5115627654		

 Insured Object: FBM5536X

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	03/08/2020 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 03 Aug 2020, the following amendment(s) is/are made to this policy: This policy is extended to include food delivery services.

Continue

Cancel

Claim Handling

Accident MT/1111197

Policy No.	5115627654	Vehicle No.	FBM5536X	GST Registration No.	
Certificate No.					
Policyholder Name	KEITH YIAP LI KANG			Policyholder NRIC	S9426279H
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	81578471	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	Nc
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
▼ Accident Details					
Report Date	24/11/2020 10:46	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	22/11/2020	Time of Accident hh:mm	13:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	YISHUN AVE 11				
▼ 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	Driver is Covered?	Not Covered
Additional Excess					
Total OD Excess Applicable	0.00	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 116 #02-421	Address 2	ANG MO KIO AVENUE 4	Address 3	KEBUN BARU HEIGHTS
Address 4	SINGAPORE 560116	Address Type	Singapore address	Post Code	560116
Unit No.	02-421	Related Policy Number	5115627654		
▼ OI Driver Info					
Driver Name	KEITH YIAP LI KANG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9426279H	Driver DOB	19/07/1994
Register Date of Driver License	15/01/2020	Driver Age	26	Driving Experience	0
Contact No.(Mobile)	81578471	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 116	Address 2	ANG MO KIO AVENUE 4	Address 3	KEBUN BARU HEIGHTS
Address 4	SINGAPORE 560116	Address Type	Singapore address	Post Code	560116
Unit No.	02-421				
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	KEITH YIAP LI KANG	Insured NRIC	S9426279H	
Contact No.(Mobile)	81578471	Contact No.(Home)		Contact No.(Office)		
Email Address		OI Vehicle Number	FBM5536X	TP Vehicle Number	SMX80M	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	FBM5536X / SMX80M ON 22 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	24/11/2020 10:48	Claim Close Date		Date Received	24/11/2020 00:00	
Report Taken By	Jackson					
☒ Print AK letter						

Save **Submit****Attachment**

Accident No.	MT/1111197	Claim No.	001		
Last Doc. Received	☒ Yes ☐ No	Upload Date	24/11/2020 10:49		
Path *		Category *	Confidential	Urgency *	Description *

Processing HERE

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Nov 2020 10:49	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-11-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Nov 2020 10:49	SAS	Normal	SAS 2020-11-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Nov 2020 10:49	Photos	Normal	Photos 2020-11-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Nov 2020 10:49	Photos	Normal	Photos 2020-11-24	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Nov 2020 10:48	Photos	Normal	Photos 2020-11-24	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	