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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
<input type="radio"/>	5113097649-01		CHUNG KIM SEN	S2668459E	GMC	Third Party	FBG5589A	FBG5589A	03/10/2020	02/10/2021

Policy Information

Policy No.	5113097649-01	Policyholder Name	CHUNG KIM SEN	Policyholder NRIC	S2668459E
Certificate No.					
Address	BLK 73 #05-3058 GEYLANG BAHRU SINGAPORE 330073				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	11/08/2020	Effective Date	03/10/2020 00:00	Expiry Date	02/10/2021 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	WTT INSURANCE AGENCIES PTE	Agent Tel.	62965445	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 73 #05-3058	Address 2	GEYLANG BAHRU	Address 3	SINGAPORE 330073
Address 4		Address Type	Singapore address	Post Code	330073
Unit No.		Related Policy Number	5113097649-01		

Insured Object: FBG5589A

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	03/10/2020 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 03 Oct 2020, the following amendment(s) is/are made to this policy: The Policy is extended to cover Food Delivery services.

Continue Cancel

**Claim Handling**

**Accident MT/1111220**

Policy No.	5113097649-01	Vehicle No.	FBG5589A	GST Registration No.	
Certificate No.					
Policyholder Name	CHUNG KIM SEN			Policyholder NRIC	S2668459E
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	97634990	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	Ne
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(%)	10	Private Hire	No

**▼ Accident Details**

Report Date	24/11/2020 11:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	14/11/2020	Time of Accident hh:mm	13:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	EAST COAST RD				

**▼ 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		Driver is Covered?	Not Covered
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00

**▼ GST Registered Information**

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

**▼ Policyholder Mailing Address**

Address 1	BLK 73 #05-3058	Address 2	GEYLANG BAHRU	Address 3	SINGAPORE 330073
Address 4		Address Type	Singapore address	Post Code	330073
Unit No.		Related Policy Number	5113097649-01		

**▼ OI Driver Info**

Driver Name	CHUNG KIM SEN	Driver Type	Main Driver	Driver DOB	31/08/1965
Unnamed driver Name		Driver NRIC	S2668459E	Driving Experience	30
Register Date of Driver License	09/02/1990	Driver Age	55	Contact No.(Home)	0
Contact No.(Mobile)	97634990	Contact No.(Office)	0	Address 3	SINGAPORE 330073
Address 1	BLK 73	Address 2	GEYLANG BAHRU	Post Code	330073
Address 4		Address Type	Singapore address		
Unit No.	05-3058				
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

**Claim 001 New**

Claim Type *	OD-MX	Insured Name	CHUNG KIM SEN	Insured NRIC	S2668459E	
Contact No.(Mobile)	93148670	Contact No.(Home)	93148670	Contact No.(Office)	NIL	
Email Address		OI Vehicle Number	FBG5589A	TP Vehicle Number	SLL3134Y	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	FBG5589A / SLL3134Y ON 14 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 11:36	Claim Close Date		Date Received	24/11/2020 00:00	
Report Taken By	Jackson					

Print AK letter

**Save Submit**

**Attachment**

Accident No.	MT/1111220	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/11/2020 11:38

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	

