

Claim Handling

Accident MT/1123867

Policy No.	5115061923-01	Vehicle No.	GBC9953B	GST Registration No.	
Certificate No.					
Policyholder Name	DELSERV LOGISTICS SERVICES			Policyholder NRIC	53234974A
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

▼ Accident Details

Report Date	10/03/2021 15:04	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	08/03/2021	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT TIMAH ROAD				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess					
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	10/03/2021 15:05:44 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 377 #26-16	Address 2	BUKIT BATOK STREET 31	Address 3	BUKIT GOMBAK VISTA
Address 4	SINGAPORE 650377	Address Type	Singapore address	Post Code	650377
Unit No.	06-302	Related Policy Number	5096520567-03		

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX New

Claim Type *	OD-MX	Insured Name	DELSERV LOGISTICS SERVICES	Insured NRIC	53234974A
Contact No.(Mobile)	92709182	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	DELSERVPAIFIC@YAHOO.COM	OI Vehicle Number	GBC9953B	TP Vehicle Number	SMU6380Z
Claim Description	GBC9953B / SMU6380Z ON 8 Mar 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	24/03/2021 17:52	Claim Close Date		Date Received	24/03/2021 00:00
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

▼

Accident No.	MT/1123867	Claim No.	002
Last Doc. Received	☒ Yes ☐ No	Upload Date	24/03/2021 00:00

Path *

Choose File

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Message Read

Category *	Confidential	Urgency *	Description
Clear Please Select	NO	Normal	
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Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	

☐ Send Mes

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-24	
CES) on 24 Mar 2021 17:51					

















NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 24 Mar 2021 17:51	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-24
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 24 Mar 2021 17:51	SAS		Normal	SAS 2021-3-24
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 24 Mar 2021 17:51	Photos		Normal	Photos 2021-3-24
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 24 Mar 2021 17:51	Photos		Normal	Photos 2021-3-24

Video List

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