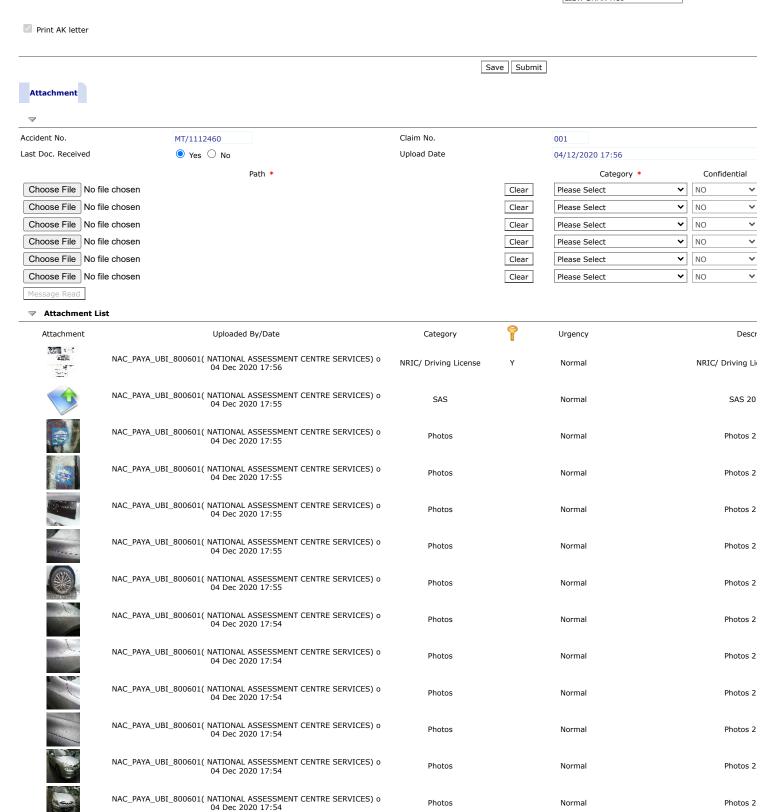
## **Claim Handling**

## Accident MT/1112460

Policy No.	5109909289-01	Vehicle No.	SKE9006T	GST Registration No.
Certificate No.	5109909289-01-000006			
Policyholder Name	OSCARS LEASING PRIVATE LIMITED			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	83335956	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	⊚ No	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
▼ Accident Details				
Report Date	04/12/2020 17:50	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/12/2020	Time of Accident hh:mm	18:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	Claymore Rd, Singapore			
<b>▼ Total Excess Applicable</b>				
Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess		TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00	
	ion			
GST Registered	No		GST Registration Date	
GST Registration No.			GST Status Verified	Yes
Modification History				
<ul><li>Policyholder Mailing Add</li></ul>	ress			
Address 1	50 EAST COAST ROAD	Address 2	#01-90 ROXY SQUARE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5109909289-01	
▼ OI Driver Info		·		
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	NG CHOON AIK SIMON (HUANG	Driver NRIC	S7703437D	Driver DOB
Register Date of Driver License	30/10/1998	Driver Age	43	Driving Experience
Contact No.(Mobile)	83335956	Contact No.(Office)	.5	Contact No.(Home)
Address 1	BLK 220B #07-42	Address 2	BEDOK CENTRAL	Address 3
Address 4	DEIX 2200 # 07 12	Address Type	Singapore address	Post Code
Unit No.	07-42	Address Type	Siligapore dadress	1050 0000
Does he own a Singapore				
Registered car?	◯ Yes ⊚ No	Driver Vehicle No.		Driver Insurer Comp
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	
Modification History				
Piddificacion History				
Claim 001 New				
Claim Type *			OD-MX	Insured Name OSCARS
				Contact
Contact No.(Mobile)				No. (Home)
Facail Address				OI
Email Address				Vehicle SKE9006 Number
Claim Description			CVEDDOST (	
Claim Description			SKE9006T /	CYCLIST ON 3 Dec 2020
Preferred	Insured Liability Not at 5	Fault 🗸		
Workshop Regulation Yes	Preferered Preferred Workshop	Name unknown V GIA Received	· •	
Finalisation Date Registered	Option	report report	04/12/2020	Claim Close
			04/12/2020	Date

Report Taken By

LIEW SHAN HUI



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