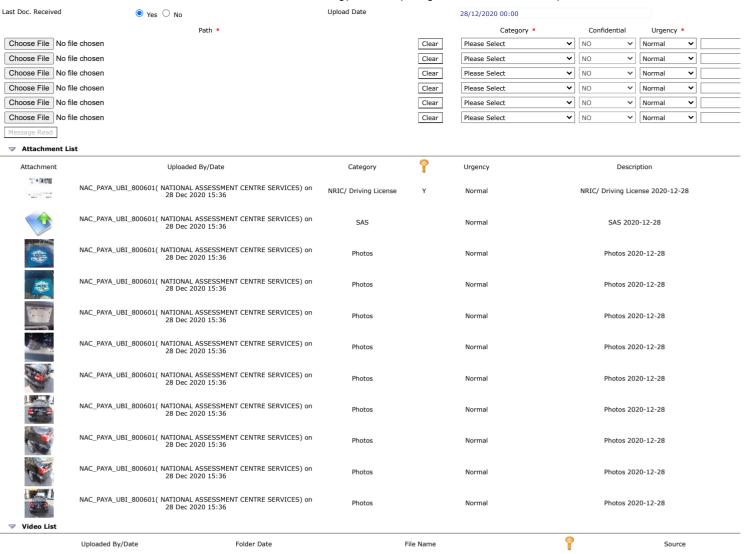
Claim Handling

Accident MT/1115220						
Policy No.	5120339634	Vehicle No.	SGV5324J	GST Registr	ation No.	
Certificate No.	5120339634-000001					
Policyholder Name	MEGA CAR LEASING			Policyholder	· NRIC	53322925A
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading		0
Contact No.(Mobile)	86994326	Contact No.(Office)	0	Contact No.	(Home)	0
Email Address		Special Remark		eCode		No 🗸
KFK	No	TCA	No	eCode Reas	on	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire		No
▼ Accident Details						
Report Date	28/12/2020 15:31	Accident Report Within 24 hrs	Yes	Accident Ty	ре	Collision - Head to
Date of Accident	23/12/2020	Time of Accident hh:mm	09:05	Country of	Accident	Singapore
Reporting Centre		Orange Force		ICM No.		
Accident Location	ALONG CTE TWDS CITY B4 PIE(TUAS)EXIT	-				
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess				
OD Standard Excess		TP Standard Excess				
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Co	vered?	Covered
Additional Excess	0.00					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00			
▼ Benefits						
	tion					
GST Registered	No		GST Registration Date			
GST Registration No.			GST Status Verified	Yes		
Modification History	28/12/2020 15:34:41 Sy	stem changed GST Status Verified from No	to Yes			
▼ Policyholder Mailing Add	Iress					
Address 1	BLK 152 #04-326	Address 2	SERANGOON NORTH AVENUE 1	Address 3		SINGAPORE 5501
Address 4		Address Type	Singapore address	Post Code		550152
Unit No.		Related Policy Number	5120339634			
▼ OI Driver Info						
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	OH EN YAO,JOSHUA	Driver NRIC	S9305732E	Driver DOB		17/02/1993
Register Date of Driver License	08/06/2015	Driver Age	27	Driving Exp	Driving Experience	
Contact No.(Mobile)	81683758	Contact No.(Office)	0	Contact No.	(Home)	0
Address 1	BLK 335	Address 2	WOODLANDS STREET 32	Address 3		SINGAPORE 7303
Address 4		Address Type	Singapore address	Post Code		730335
Unit No.	#04-37					
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						
Modification History						
Claim 001 OD-MX New						
Claim Type *			OD-MX	▼ Insured Name	MEGA CAR LEASING	Insured
				Contact		NRIC Contact
Contact No.(Mobile)				No. (Home)		No. (Office)
Email Address				OI Vehicle	SGV5324J	TP Vehicle
Claim Description			SGV53241 / S	Number HB253G ON 23 Dec 2020		Number Name of Preferred
			30733241 / 3			Worksho
Preferred Workshop Rentike No. Yes	Insured Liability Not at F	ault 🗸				
Rentakt No. Finalisation Yes	▼ Repair Preferred Workshop		~	Claim		
Date Registered	Option	·	28/12/2020 1	5:36 Close		Date Received
				Date		Total Los
Report Taken By			ROSLINDA	Workshop Repairer		but Repaired
Print AK letter						
			Save Submit			
Attachment						
_						
Accident No.	MT/1115220	Claim No.	001			
	,	Cidilli NO.	001			



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