Claim Handling

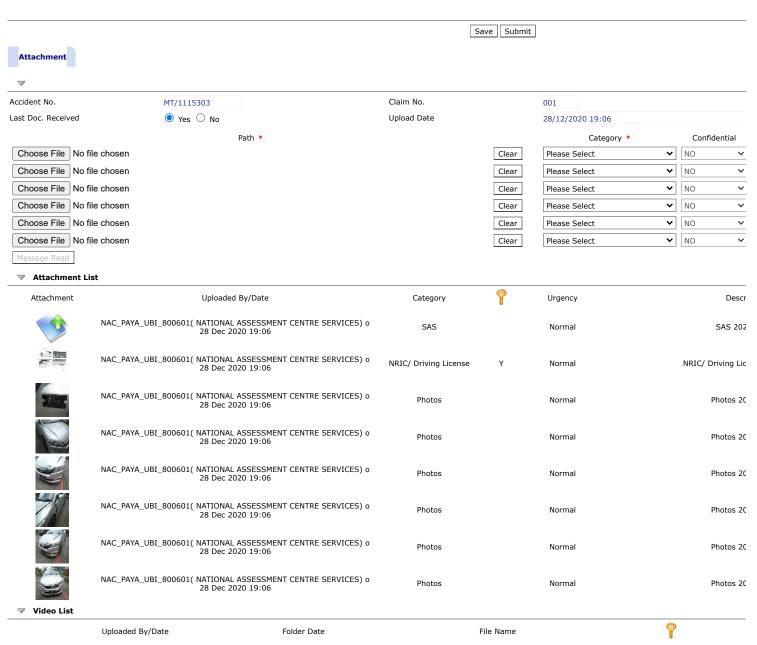
Accident MT/1115303

Policy No. Certificate No.	5119928796	Vehicle No.	SMW5965H	GST Registration No
Policyholder Name	SSCC MOTORING PTE LTD			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	91712767	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
Accident Details				
Report Date	28/12/2020 19:02	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	26/12/2020	Time of Accident hh:mm	22:55	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	SLE EXIT WOODLANDS AVE 12			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	
▼ Benefits				
▼ GST Registered Information	tion			
GST Registered	No		GST Registration Date	
GST Registration No.	20/42/2020 40 05 04	Control of CCT Control Vol. (Soul Source)	GST Status Verified	Yes
Modification History	28/12/2020 19:03:04	System changed GST Status Verified from No	to les	
▼ Policyholder Mailing Add	lrace			
		Add 2	WOO OF ENTERDENEIN BUGIN	Add 2
Address 1	18 KAKI BUKIT ROAD 3	Address 2	#02-01 ENTREPRENEUR BUSIN	Address 3
Address 4	02.04	Address Type	Singapore address	Post Code
Unit No.	02-01	Related Policy Number	5119928796	
▼ OI Driver Info Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SNG KWANG YANG	Driver Type Driver NRIC	S9312883D	Driver DOB
Register Date of Driver License	21/05/2013	Driver Age	27	Driving Experience
Contact No.(Mobile)	91712767	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 248 #06-263	Address 2	TAMPINES STREET 21	Address 3
Address 4	BEN 240 #00 203	Address Type	Singapore address	Post Code
Unit No.	06-263	Address Type	Singapore address	1 ost code
Does he own a Singapore		Driver Vehicle No.		Daire January Comm
Registered car?	○ Yes ⊚ No	Driver verifice No.		Driver Insurer Comp
Declaration				
Breathalyser or Blood Test			0.11	
Reading?	0 mg	Any injury?	Yes No	
Modification History				
- NH N				
Claim 001 New				
Claim Type *			OD-MX	✓ Insured SSCC MC
G.G 1,750			OD TIX	Name SSCC MC
Contact No.(Mobile)				No.
				(Home) OI
Email Address				Vehicle SMW596 Number
Claim Description				
Claim Description			SMW5965H / SKZ8	152A ON 26 Dec 2020
Preferred Workshop	Insured Liability Fully	at Fault		
Regrainer No. Finalisation	Preferered Fully	op, Name unknown GIA report Received	· ·	
Date Registered	Option		28/12/2020 19:06	Claim Close
				Date

Report Taken By

LIEW SHAN HUI

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