

NATIONAL Assessment Centre Services

Date In: 17/01/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19001055/13	SAS e-filing		
Veh No: 9BM7346R	E-mail (within 8hrs, AIC 2hrs)		
DOA: 15/01/19 2030	i-Motor Claim Form	MT/1028318 - 001	
OD TP: <u>Reporting Only</u>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No:	INC () / Non-INC ()
Owner / Driver: (Tel:)
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (% [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

NA1900630	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
	5) iT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
Driver/Owner:	*N5: Courtesy Car / Tpt Allowance	\$5	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$5	
Contact No:	TP (N11) : TP (Non INC) against INC	\$20	
Damaged Portion:	9) N12: Idac Mobile	\$30	
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:			
Cat. 2 / 3:			

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT	
Date Of Report	17/01/2019 12:00
Date Of Accident	15/01/2019 20:30
Exact Location Of Accident	WOODLANDS AVE 5 TURN RIGHT INTO WOODLANDS AVE 12
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH7346R
Insured/Policyholder	
Name Of Registered Owner	GDM HOME DECOR PTE.
Co Reg No	201632384C
Email Address	MOORTHY84@LIVE.COM
Mobile Phone No	(LOCAL) +65-84524956
Alternative Phone No	OFFICE-94497889
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103891224
Cover Note Number	
Driver	
Name of Driver	GNANAPRAGASAM DETCHANAMOORTHY
Passport No/FIN	G7630175T
Date Of Birth	19/03/1984
Occupation	OUTDOOR
Date Of Driving Pass	29/03/2016
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94497889
Fax Number	
Contact Number	
EMail Address	MOORTHY84@LIVE.COM

Address	BLK 786E WOODLANDS DR 60 #13-25
Postcode	735786
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING FROM WOODLANDS AVE 5 TURNING RIGHT INTO WOODLANDS AVE 12 ON THE EXTREME LEFT LANE. AFT MAKING A RIGHT TURN INTO WOODLANDS AVE 12 MY VEH WENT INTO THE HOLE AT THE SIDE OF THE RD. THEY DIDN'T COVER THE HOLE WITH PHYLON TO WARN THE ROAD USER.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

SKETCH PLAN

IMPORTANT NOTICE


1. Please report **correctly** the details of the accident to speed up the claims process.
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3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**


I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

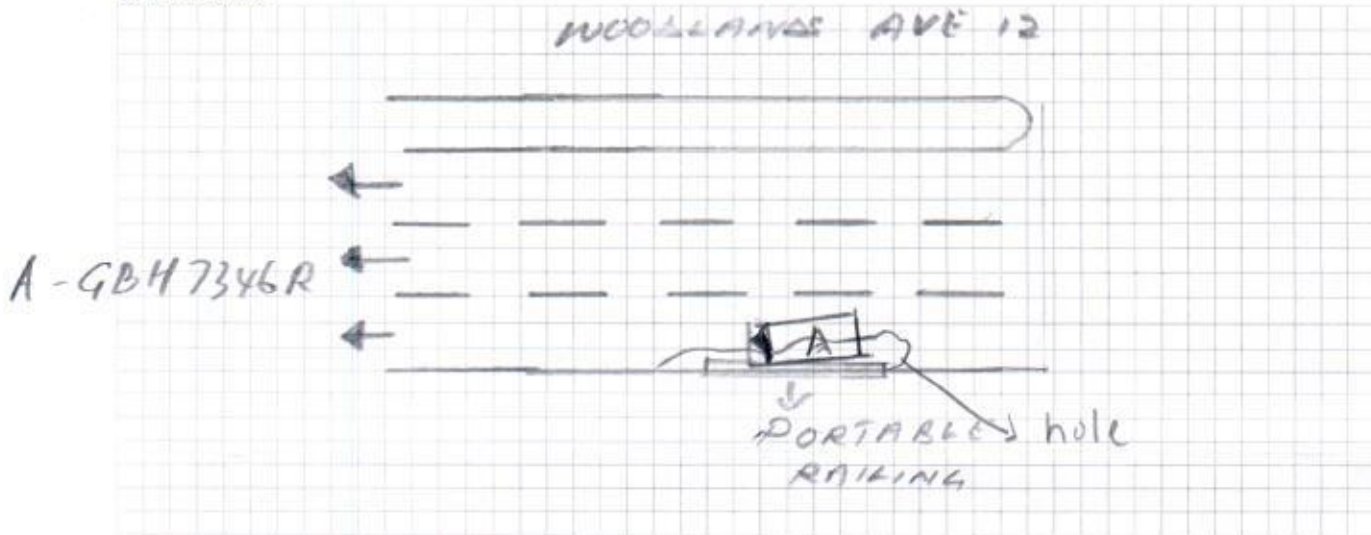


Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

★  Policyholder's Signature
Date & Time:

 Driver's Signature
(If driver is not the policyholder)
Date & Time:

 Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Gnanapragasam Detchanamoorthy

Licence Number: **G7630175T**

Name: **GNANAPRAGASAM DETCHANAMOORTHY**

Date of Birth: **19 Mar 1984**

Issue Date: **29 Mar 2016**

Valid Till: **28/03/2021**

Barcode: 002551989D

REPUBLIC OF SINGAPORE

FIN **G7630175T**

Portrait photo of Gnanapragasam Detchanamoorthy

Name: **GNANAPRAGASAM DETCHANAMOORTHY**

Date of Birth: **19-03-1984**

Nationality: **INDIAN**

Sex: **M**

Barcode: G7630175T

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Vehicle Description	Effective Date
Class 2B	Motorcycles <= 200 cc	28 Mar 2016
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	29 Mar 2016

Licence No: G7630175T

NP 428A

FA2025080

VISIT PASS
Immigration Regulations

Portrait photo of Gnanapragasam Detchanamoorthy

FIN **G7630175T**

MULTIPLE JOURNEY VISA ISSUED

Date of Issue: **26-10-2017**

Date of Expiry: **26-10-2019**

Barcode

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

ACCIDENT STATEMENT

ACCIDENT DATE: (15/01/2019) (DD/MM/YYYY), TIME: (20:30) (HH:MM)

LOCATION: Towards Block at Woodlands Ave 12

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: UBH7366R
 b) INSURANCE COMPANY: _____
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA INTRAC
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Commercial use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Huang Jon Lee (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7247003F CONTACT: 84524956
 c) ADDRESS: B10-7868 Woodlands drive 60 #13-25
Sipore 735786

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Annaprasanna Petchanarayana (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: U7630757 CONTACT: 94497889
 c) ADDRESS: B10-7868 Woodlands drive 60
#13-25

* d) DATE OF BIRTH: (19/03/1984) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 3 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner spouse

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: nil

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: _____ MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

16/01/19

wanting for
 company stamp
 by mail

Email = moorthy84@live.com

fax = nil

VIDEO =

Hello, NAC_PAYA_UBI_800601

» Change Language

» Change Password

» Log Out

[My Desktop](#)[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"/>	5103891224		GDM HOME DECOR PTE.	201632384C	GCV	Comprehensive	GBH7346R	GBH7346R	19/09/2018	18/09/2019

Claim Handling

Accident MT/1028318

Policy No.	5103891224	Vehicle No.	GBH7346R	GST Registration No.
Certificate No.				
Policyholder Name	GDM HOME DECOR PTE.			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	94497889	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
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(%)	0	Private Hire
▼ Accident Details				
Report Date	17/01/2019 18:19	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/01/2019	Time of Accident hh:mm	20:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	WOODLANDS AVE 5 TURN RIGHT INTO WOODLANDS AVE 12			
▼ Excess				
Own damage Excess	600.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		
▼ Benefits				
▼ GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		No
Modification History				
▼ Policyholder Mailing Address				
Address 1	BLK 786E #13-25	Address 2	WOODLANDS DRIVE 60	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	13-25	Related Policy Number	5103891224	
▼ OT Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	GNANAPRAGASAM DETCHANAM	Driver NRIC	G7630175T	Driver DOB
Register Date of Driver License	29/03/2016	Driver Age	34	Driving Experience
Contact No.(Mobile)	94497889	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 786E	Address 2	WOODLANDS DRIVE 60	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#13-25			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Modification History				

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	GDM HOME DECOR PTE.
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OT Vehicle Number	GBH7346R
Claim Description	GBH7346R ON 15 Jan 2019		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	17/01/2019 18:27
		Workshop Repairer	ROSLINDA

Print AK letter

Save Submit

Attachment

Accident No.	MT/1028318	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/01/2019 00:00

Path *		Category *		Confidential
Choose File	No file chosen	Clear	Please Select ▼	NO
Choose File	No file chosen	Clear	Please Select ▼	NO
Choose File	No file chosen	Clear	Please Select ▼	NO
Choose File	No file chosen	Clear	Please Select ▼	NO
Choose File	No file chosen	Clear	Please Select ▼	NO
Choose File	No file chosen	Clear	Please Select ▼	NO
Choose File	No file chosen	Clear	Please Select ▼	NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jan 2019 18:27	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jan 2019 18:27	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jan 2019 18:27	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jan 2019 18:26	Photos	Normal	Photos
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
17 Jan 2019 18:25

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17 Jan 2019 18:25

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17 Jan 2019 18:25

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17 Jan 2019 18:25

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17 Jan 2019 18:25

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17 Jan 2019 18:25

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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
17 Jan 2019 18:24

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17 Jan 2019 18:24

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17 Jan 2019 18:24

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17 Jan 2019 18:24

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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
17 Jan 2019 18:24

Photos

Normal

Photos

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading