

NATIONAL Assessment Centre Services.

(wef 1 Jan 05) MWA 11935935

Date In: 20/4/19-15:21	Job description	Date & Time Completed	Done by
Ref No: NA/WC19007667/24	SAS e-filing		
Veh No: 6DC395 64	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 1/4/19-15:20	i-Motor Claim Form	M1/1041384-22V	20/4/19 20:41
OD / TP / Reporting Only	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% P: 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

NA19032004	Invoice Preparation Checklist	Amf (\$)	Amf (\$)
		Int Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N'n INC) against INC \$20		
	9) N12: Idao Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Dat. 1: _____

Dat. 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	30/04/2019 15:31
Date Of Accident	01/04/2019 12:30
Exact Location Of Accident	SEAH IM FOOD CENTRE GANTRY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC3956H
Insured/Policyholder	
Name Of Registered Owner	GEOMETRA INTERNATIONAL PTE LTD
Co Reg No	197800432Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67437290

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE 280 2.5 M
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5070104447-04
Cover Note Number	

Driver

Name of Driver	GOPALAKRISHNEN S/O MURUGAYAN
NRIC No	S0836390J
Date Of Birth	29/06/1950
Occupation	OUTDOOR
Date Of Driving Pass	14/12/1979
Driving Experience	39 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96209145
Fax Number	
Contact Number	OFFICE-96209145
EMail Address	NOEMAIL

Address	BLK 649 ANG MO KIO AVENUE 5 #12-3331
Postcode	560649
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : MALE

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

ON STATED DATE AND TIME, AS I WAS APPROACHED THE GANTRY, THE BARRIER WAS OPENED UP, SO I PROCEED TO EXIT, SUDDENLY THE BARRIER HIT ONTO MY VEHICLE, THE BARRIER WAS BEND SO I ADJUST THE BARRIER. AFTER ADJUSTING THE BARRIER, IT DROP OFF TO THE GROUND. SO I PUT THE BARRIER ASIDE TO THE WALK PATH.

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.
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. 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

Sketch in Ford Centre Garage

Barrier

A: 4DC39T64

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to 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
IDENTITY CARD NO. S0836390J



NAME
GOPALAKRISHNEN S O
MURUGAYAN

RACE
INDIAN

DATE OF BIRTH
29-06-1950

SEX
M

PLACE OF BIRTH
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S0836390J

Name
GOPALAKRISHNEN S/O
MURUGAYAN

Birth Date: 29 Jun 1950

Issue Date: 28 Nov 2003




2194091



S0836390J



Place of Issue
B+

Date of Issue
21-08-1994

APT BLK 649 ANG MO KIO AVENUE 5 #12-3331
SINGAPORE 560649

NRIC No: S0836390J Date: 14/04/2007 (R)


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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
14 Dec 1979

NP 428A

Licence No: S0836390J



eBaoTech

GeneralClaim

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"/>	5070104447-D4		GEOMETRA INTERNATIONAL PTE LTD	197800432Z	GCV	Comprehensive	GBC3956H	GBC3956H	01/03/2019	29/02/2020

Claim Handling

Exit

Accident MT/1041384

Policy No.	5070104447-04	Vehicle No.	GBC3956H	GST Registration No.	M200290305
Certificate No.					
Policyholder Name	GEOMETRA INTERNATIONAL PTE LTD	Cover Type	Comprehensive	Policyholder NRIC	197800432Z
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPC	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	23/04/2019 15:26	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	01/04/2019	Time of Accident hh:mm	00:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MAULTIME SQUARE				
Excess					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	Yes	GST Registration Date	01/04/1994		
GST Registration No.	M200290305	GST Status Verified	Yes		
Modification History	23/04/2019 15:27:38 System changed GST Registration Date from 01/01/2015 to 01/04/1994 23/04/2019 15:27:38 System changed GST Status verified from No to Yes				

Policyholder Mailing Address					
Address 1	71 UBI CRESCENT	Address 2	#02-10 EXCALIBUR CENTRE	Address 3	SINGAPORE 408571
Address 4		Address Type	Singapore address	Post Code	408571
Unit No.		Related Policy Number	5070104447-04		
OT 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?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-Mx	Insured Name	GEOMETRA INTERNATIONAL PT	Insured NRIC	197800432Z
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67437262
Email Address		OT Vehicle Number	GBC3956H	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBC3956H ON 1 Apr 2019				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	30/04/2019 20:41	Claim Close Date		Date Received	30/04/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1041384	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/04/2019 20:41
Path *			
	Browse...	Clear	Category *
	Browse...	Clear	Confidential
	Browse...	Clear	Urgency *
	Browse...	Clear	Description *
	Browse...	Clear	
	Browse...	Clear	
	Browse...	Clear	
	Browse...	Clear	
	Browse...	Clear	

MISSION CLOSE

Attachment List

☐ Send Message [Upload](#)

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 30 Apr 2019 20:41	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 30 Apr 2019 20:41	SAS	Normal	SAS 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 30 Apr 2019 20:41	Photos	Normal	Photos 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 30 Apr 2019 20:41	Photos	Normal	Photos 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 30 Apr 2019 20:41	Photos	Normal	Photos 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 30 Apr 2019 20:41	Photos	Normal	Photos 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 30 Apr 2019 20:41	Photos	Normal	Photos 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 30 Apr 2019 20:41	Photos	Normal	Photos 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 30 Apr 2019 20:41	Photos	Normal	Photos 2019-4-30		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div>Display in New Window</div> <div>Scan and uploading</div>				