NATIONAL Assessment Cen	THE BETTICES. PAR		AM 11 1-24 12-	-		
Date In: 20 [4]19-15:21	Jeb description		Date &Time Comp	deted	Done	by .
Ref No: MA WC 19007667/24	SAS e-filing					
Veli No: GDC397 GH	E-mail (within Shr	s, AIC 2hrs)			777.00	
D.O.A : 14/19- 1-13	i-Motor Claim	Form	.c. V 3c1401 LW	v 3	141.9 2	0'.41
OD / TP / Reporting On	i-Motor W/O (V	Vithin: OD 2hrs				
OB 7 17 Reporting Only	i-Photo Upload	ed	1			
TP Insurer:	Assessment/Surve	ey Report				
II iiisuici.	Ass't Report by F	ax / 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 : (. 1	Date:	Time:)	-
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20	%; P: 21-79%. F	: 80-100	%]	79
Year of Registration: ()	Warranty: YES ()	/NO()			
Excess: (\$) Loading: \$1	,000 ()/\$2,000 ()				-
General Remarks:				\$55,000		-
() Walk-In Customer : Customer's in	formation strictly Confid		d and the speciments of		No. 14,1 1, + 2	21.10
		enual & Su	ictly NO 13ler of 1ep	aller.		
() Total Loss Case : to e-mail Insu						
Drive-In ()/ Towed-In (); Invoi	ce: YES() / NO	/ \ T.	owing Co: (and the second	*)
		(),10	wing co. (
		(),10		Salat ()	Done	hv
Remarks;- (INC hotline: 6788 6616)		(),10	Date&Time Comple	55d 10 / 2	Done	by
Remarks; (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/		(),10		*5 d ***	Done	þу
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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 witholding 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.
- 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.

By the lodgement of this report to the insurers, you aforesaid.	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available
Market was a series of the series of	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
All the state of t	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	

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TOYOTA Manufacturer

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?

REPORTING ONLY If No, Please state action to be taken 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

BLK 649 ANG MO KIO AVENUE 5 Address

#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

NO

Was any body injured in the Accident? 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.
- 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
- 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.
- 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:

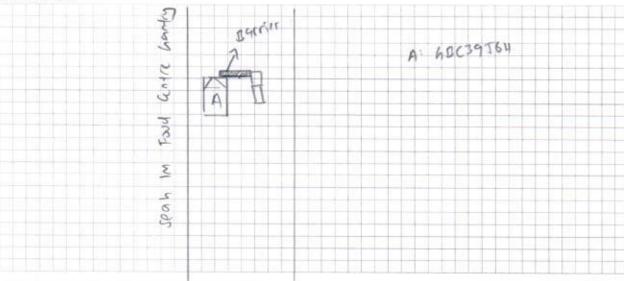
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre sonnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

felt to Hutement.	

DECLARATION

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

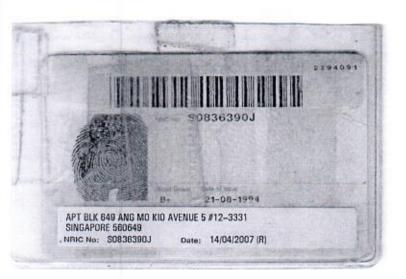
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

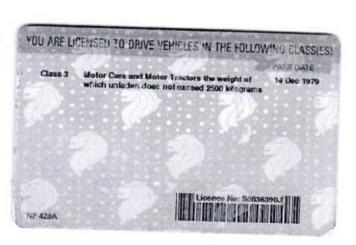
Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:









eBao Tech	GeneralClaim									
Hello, NAC_PAYA_UBI_80	0601				ar a fertile and	+ Change L	anguage	+ Change	Password	· Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident	01/	04/2019 12	30	
	Vehicle No.(For Motor)	GBC3	956H		Certi	ficate Number				
				1	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5070104447- 04		GEOMETRA INTERNATIONAL PTE LTD	197800432Z	GCV	Comprehensive	GBC3956H	GBC3956H	01/03/2019	29/02/2020
					Continue	1				

Claim Handling secident MT/1041384					
Policy No.	5070104447-04	Vehicle No.	G8С3956H	GST Registration No.	
ertificate No.	WAS A PROPERTY.	The state of the s	00/1930/1	GR1 Registration No.	M200290305
olicyholder Name	GEOMETRA INTERNATIONAL PTE LTD				
roduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Parameter 1	Policyholder NKIC	197800432Z
ontact No.(Mobile)	NA		Comprehensive	Loading	0
mail Address	785	Contact No.(Office) Special Remark		Contact No.(Home)	
FK.	® No ⊜Yex	TCA	8	eCode	nc y
CD Protection	No.		® Mo ○ Yes	eCode Reason	
Accident Details	NO.	NCD Entitlement(%)	10	Private Here	No
	NAME OF TAXABLE PARTY.				
sport Date	23/04/2019 15:26	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
ite of Accident	01/04/2019	Time of Accident hh:mm	00.00	Country of Accident	Singapore
porting Centre		Drange Force		JCM No.	
cident Location	MARITIME SQUARE				
Excess					
in damage Excess	600.00	Additional Excess		Windscreen Eccess	100.00
named Oriver Excess		Outside Singapore CO Excess			
ird Party Excess	0.00	Outside Singapore TP Excess			
- Benefits					
GST Registered Inform	nation				
T Registered	Yes		GST Registration Date	01/04/1994	
T Registration No.	M200290305		GST Status Verified	Yes	
diffication History	23/04/2019 15:27:38 5vs	tem changed GST Registration Date (from 01/01/2015 to 01/04/1994	SETS:	
	23/04/2019 15:27:38 5V8	tem changed GST Status verified fro	m No to Yes		
Policyholder Mailing Ar	ddress				
dress 1	71 UBI CRESCENT	Address 2	#02-10 EXCALIBUR CENTRE	Address 3	SINGAPORE 408571
Idress 4		Address Type	Singapore address	Post Code	408571
vt No.		Related Policy Number	5070104447-04		
OI Driver Info					
iver Name		Driver Type			
named driver Name		Driver NR3C		Driver DOB	
gister Date of Driver License		Driver Age		Driving Experience	
ntact No.(Mobile)		Contact No.(Office)			
dress I		Address 2		Contact No.(Home)	
dress 4		Address Type	Carried States on	Address 3	
ne No.		Adoress Type	Foreign address	Post Code	
es he own a Singapore		52115100000000			
gistered car?	○ Yes ® No.	Driver Vehicle No.		Driver Insurer Company	
odification History					
Claim 002 New					
Claim du 2					
em Type *	ОВ-МХ	Insured Name	GEOMETRA INTERNATIONAL PTI	Insured NRJC	1978004322
mact No.(Mobile)		Contact No.(Home)	PTICE CONTRACTOR	Contact No.(Office)	67437262
ail Address		Of Vehicle Number	GBС3956H	TP Vehicle Number	
imant Type Claimant Type *	Please Select	Type of Benefit *	Please Select	X 32,4 40,000 (40,000)	
imant Name *	22	Claimant NR3C *			
imant Address					
im Description	GBC3956H ON 1 Apr 2019				
ferred Workshop Contact		Workers on private		Name of Preferred Workshop	
Source State of the State of th		Insured Liability *	Fully at Fault		
quire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
te Registered	30/04/2019 20:41	Claim Close Date		Date Received	30/04/2019 00:00
port Taken By	Jeckson				
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	MT/1041384	Claim No.	002		
t Doc. Received	● Yes ○ No	Upload Date	30/04/2019 20:41		
	Path.*		Category *	Confidential Urgen	ncy * Description *
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