

# NATIONAL Assessment Centre Services [wef 1 Jan 2005]

Date In: 27/09/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19017080/13	SAS e-filing		
Veh No: GZ3667L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/09/19 1030	i-Motor Claim Form	MT/1064404-001	
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: GBH7761A 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



## 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	27/09/2019 16:35
Date Of Accident	27/09/2019 10:20
Exact Location Of Accident	AYE SLIP RD TWDS KAMPONG BAHRU
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ3667L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GLOBOTRON (S) PTE LTD
Co Reg No	200808343E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66344901

### Vehicle Particulars

Manufacturer	NISSAN
Model	-
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5110031649
Cover Note Number	

### Driver

Name of Driver	DAVEEDU YESUKUMAR
Passport No/FIN	G8358892L
Date Of Birth	18/12/1985
Occupation	OUTDOOR
Date Of Driving Pass	20/12/2010
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87880933
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	8 UBI RD 2 #05-25/26 ZERVEX
Postcode	408538
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	CHAIN 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	3
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)	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 AYE SLIP RD TWDS KAMPONG BAHRU ON THE 2ND LANE OF A3-LANES RD. INFRT OF MY VEH STOP DUE TO THE RED TRAFFIC LIGHT AHEAD. I HAVE NOT ENOUGH TIME TO REACT AND MY VEH HIT ONTO THE REAR PORTION OF VEH B DUE TO THE IMPACT VEH B SURGED FORWARD AND HIT ONTO THE REAR PORTION OF VEH C.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVEN'T RETRIEVE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH7761A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	VEERAPPAN KARTHIK
NRIC/Passport Number	0 35772030
Contact Number	98291776
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBH8868U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## 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

<p>A- GZ3667L</p> <p>B- GBH7761A</p> <p>C- GBH88684</p>		<p>AYE SLIP RD TWDS KAMPONG BAHU</p>
---	--	--

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:

*2.09 27/09/19*

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

*shy 27/09/19*



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MNA119128223 Vehicle Registration No: GZ3667L  
Name(as shown in NRIC) : DAVEEDU YESUKUMAR NRIC/FIN/Passport No : G8358892L  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 8 UBI RD 2 HOS-25/26 ZERVEX Singapore( 408538 )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 87880933  
Email Address : \_\_\_\_\_  
Date of Accident : 27/09/19 Time of Accident : 10:20  
Place of Accident : AYE SLIP RD TOWNS KAMPONG BAHRU  
Insurance Company: NTUC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND POLICY NO

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

27/09/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)  
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text" value="5110031649"/>	Date of Accident	<input type="text" value="10/09/2019 17:20"/>							
Vehicle No.(For Motor)	<input type="text" value="GZ3667L"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5110031649	5110031649-000001	GLOBOTRON (S) PTE LTD	200808343E	GFM	Third Party, Fire & Theft	GZ3667L	GZ3667L	11/06/2019	10/06/2020
<input type="button" value="Continue"/>										



Claim Handling

Accident MT/1064404

Policy No.	5110031649	Vehicle No.	GZ3667L	GST Registrat
Certificate No.	5110031649-000001			
Policyholder Name	GLOBOTRON (S) PTE LTD			Policyholder I
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	0	Contact No.(Office)	66344901	Contact No.(I
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	27/09/2019 17:29	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	27/09/2019	Time of Accident hh:mm	10:20	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	AYE SLIP RD TWDS KAMPONG BAHRU			

▼ 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 Cow
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/
GST Registration No.	200808343E	GST Status Verified	Yes
Modification History	27/09/2019 17:31:34 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	8 UBI ROAD 2	Address 2	#05-26 ZERVEX	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5110031550	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	DAVEEDU YESUKUMAR	Driver NRIC	G8358892L	Driver DOB
Register Date of Driver License	20/12/2010	Driver Age	33	Driving Exper
Contact No.(Mobile)	87880933	Contact No.(Office)	0	Contact No.(I
Address 1	8 UBI ROAD 2	Address 2	#05-25/26 ZERVEX	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#05-25/26			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insure

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	
Contact No.(Mobile)	96940566	Contact No. (Home)	
Email Address	joshin@globotron.com.sg	Vehicle Number	
Claim Description	GZ3667L / GBH7761A ON 27 Sept 2019		
Preferred Workshop		Insured Liability	Fully at Fault
Repair Option	Yes	Preferred Workshop, Name unknown	
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	27/09/2019 17:33
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	ROSLINDA

Attachment

Save

Submit

▼

Accident No. MT/1064404

Claim No. 001

Last Doc. Received 

Yes

No

Upload Date 27/09/2019 00:00

Path \*

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Sep 2019 17:33		NRIC/ Driving License	Y	Normal	NRIC/ Dr
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Sep 2019 17:33		SAS		Normal	
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Sep 2019 17:33		Photos		Normal	P
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Sep 2019 17:33		Photos		Normal	P
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Sep 2019 17:33		Photos		Normal	P
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Sep 2019 17:32		Photos		Normal	P
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Sep 2019 17:32		Photos		Normal	P
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Sep 2019 17:32		Photos		Normal	P
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Sep 2019 17:32		Photos		Normal	P
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Sep 2019 17:32		Photos		Normal	P
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Sep 2019 17:32		Photos		Normal	P

Video List

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