

NATIONAL Assessment Centre Services. [ver 1 Jan'05]. MANA 119144639

Date In: 11/11/19 12:23	Job description	Date & Time Completed	Done by
Ref No: MA/IMC19019317/h4	SAS e-filing		
Veh No: GBF 8555 H	E-mail (4/Julia 2hrs, AIC 2hrs)		
DOA: 31/10/19 18:15	I-Motor Claim Form	MT/1069502 ⁰⁰¹	11/11/19 14:20
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: FBG 2652 U. 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: ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time: _____

MANA 1908249	1) AR: Accident Reporting (\$30)	30.00
Claimant's Particulars:	2) DA: Damage Assessment (\$100); INC (\$10)	
Driver/Owner:	3) TP: Towing Fee	\$40/\$43
Contact No:	4) FT: Follow-Through Survey	\$120
Damaged Portion:	5) FT: Follow-Through Survey (Resurvey)	\$30
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection	\$73
Auditor's Comments:	7) NI: Idao DA + SMRT Survey	\$160
Date:	8) NTUC Additional Services:	
2/3	ON:	
	*NS: Courtesy Car / Tpl Allowance	\$3
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$23
	*NB: DV / Collect Excess Coordination	\$3
	TP (NI): TP (Non INC) against INC	\$20
	9) NI: Idao Mobile	\$0
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

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	01/11/2019 12:23
Date Of Accident	31/10/2019 18:15
Exact Location Of Accident	CANTONMENT LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF8555H
Insured/Policyholder	
Name Of Registered Owner	GIS HEALTHCARE COURIERS PTE LTD
Co Reg No	200306279D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64756466

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5107935183
Cover Note Number	

Driver

Name of Driver	G RAJA GOVINDAN NAMBIAR@G RAJA S/O GOVINDAN NAMBIA
NRIC No	S2640875Z
Date Of Birth	15/06/1964
Occupation	OUTDOOR
Date Of Driving Pass	11/07/1991
Driving Experience	28 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98424312
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 19 CANTONMENT CLOSE #06-73
Postcode	080019
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	SIDE SWIPE
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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: : UNKNOWN
	GENDER: : FEMALE

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

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBG2652U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	93809207
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.

JIS HEALTHCARE COURIERS PTE. LTD.
BLK 123 BUKIT MERAH LANE 1
#03-70 SINGAPORE 150123
Email: couriergin@yahoo.com

Policyholder's Signature
Date & Time:

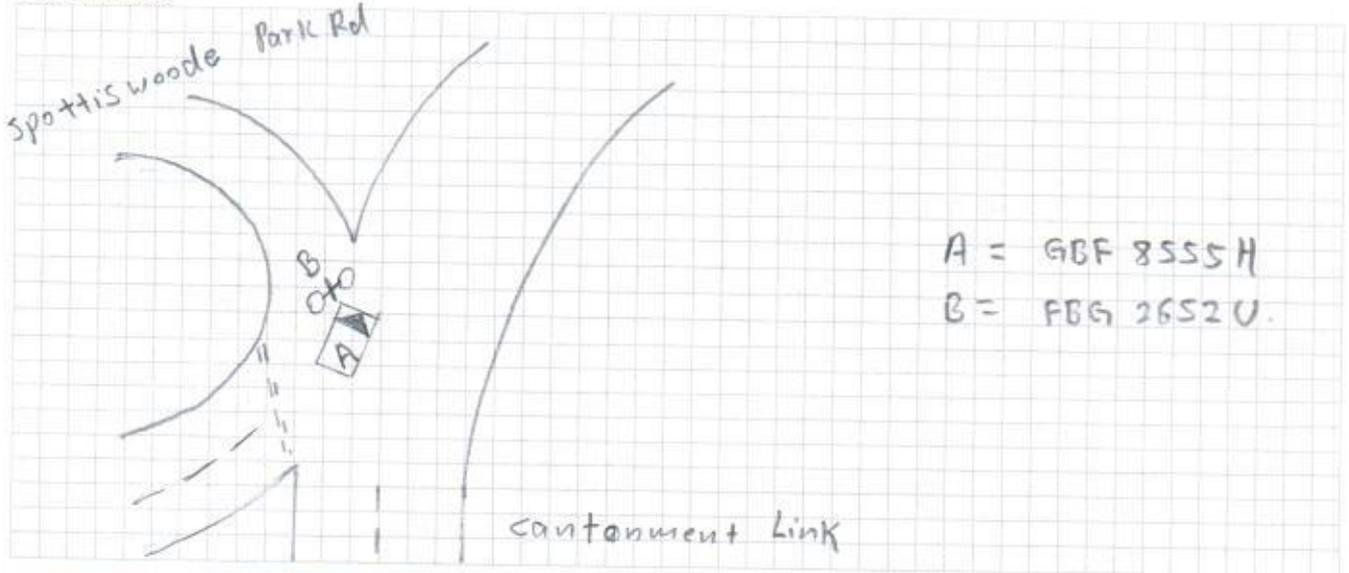


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



A = GBF 8555H
 B = FBG 2652U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 31 Oct 2019 @ 6:15pm.
 I was traveling along Cantonment Link and all of sudden Motorbike FBG 2652U swung to Infront of My Van. I applied Emergency brake and hit the Motorbike near box. Motorbike move forward and stop further. He didnt fall down.
 Motorbike Rear Muzguard was broken and box Bracket bend forward. (No other damages + the box was not broken and some old scratches).

DECLARATION
 COURIERS F.T.E. LTD.
 #03-70 SINGAPORE 150123
 Email: couriergin@yahoo.com

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (31/10/2019) (DD/MM/YYYY), TIME: (18:15) (HH:MM)

LOCATION: Cantonment Link.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF 8555H.
- b) INSURANCE COMPANY: NTUC INCOME.
- c) POLICY NUMBER: 5107935183.
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: TOYOTA HIACE.
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: WORK
- 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: GIS Healthcare Couriers Pte Ltd (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 64756466.
- c) ADDRESS: Blk 123 Bukit Merah Lane 1 #03-70
S. (150123)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: G. RATA G NAMBIAR (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S2640875Z CONTACT: 98424312
- c) ADDRESS: Block 19 Cantonment Close. 06-93
Singapore 080019.

*d) DATE OF BIRTH: (15/06/1964) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 11-7-91

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / ~~NO~~)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBG 26524 MODEL: Motorbike Yamaha.
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: 93809207.

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
- e) DRIVER'S NAME: _____
- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Female.

↑

(2)

NUMBER OF
PASSENGER
INCLUDING DRIVER

Reporting only

(1)

NUMBER OF
PASSENGER
INCLUDING DRIVER

()

NUMBER OF
PASSENGER
INCLUDING DRIVER

1) EMAIL : gis @ gis couriers . com

2) VIDEO :

Hello, NAC_BUKIT_MERAH_800676

[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"/>	S107935183		GIS HEALTHCARE COURIERS PTE LTD	200306279D	GCV	Comprehensive	GBF8555H	GBF8555H	29/03/2019	28/03/2020

Claim Handling

Accident **MT/1069502**

Policy No.	5107935183	Vehicle No.	GBF8555H	GST Registrati
Certificate No.				
Policyholder Name	GIS HEALTHCARE COURIERS PTE LTD			Policyholder NI
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	64756466	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

▼ **Accident Details**

Report Date	01/11/2019 14:14	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	31/10/2019	Time of Accident hh:mm	18:15	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	CANTONMENT LINK			

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

▼ **Benefits**

▼ **GST Registered Information**

GST Registered	Yes	GST Registration Date	01/0
GST Registration No.	200306279D	GST Status Verified	Yes
Modification History	01/11/2019 14:17:07 System changed GST Registration Date from 01/01/2015 to 01/08/2010 01/11/2019 14:17:07 System changed GST Status Verified from No to Yes		

▼ **Policyholder Mailing Address**

Address 1	BLK 638B #03-455	Address 2	PUNGOL DRIVE	Address 3
Address 4	SINGAPORE 822638	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5104517067-01	

▼ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	G RAJA GOVINDAN NAMBIAR@C	Driver NRIC	S2640875Z	Driver DOB
Register Date of Driver License	11/07/1991	Driver Age	55	Driving Experi
Contact No.(Mobile)	98424312	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 19 #06-73	Address 2	CANTONMENT CLOSE	Address 3
Address 4	SINGAPORE 080019	Address Type	Singapore address	Post Code
Unit No.	06-73			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
-------------------------------------	------	-------------	---

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	GIS
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	GB
Claim Description	GBF8555H / FBG2652U ON 31 Oct 2019		
Preferred Workshop	0	Insured Liability	Partially at Fault
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	01/11/2019 14:18
			SHAN HUI

Print AK letter

Save Submit

Attachment

Accident No. MT/1069502 Claim No. 001
 Last Doc. Received Yes No Upload Date 01/11/2019 14:20

- Choose File No file chosen
- Message Read

Path *

Category *

Confider

Clear	Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 01 Nov 2019 14:20	NRJC/ Driving License	Y	Normal	NRJC/ Dri	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 01 Nov 2019 14:20	SAS		Normal	S	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 01 Nov 2019 14:20	Photos		Normal	Ph	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 01 Nov 2019 14:18	Photos		Normal	Ph	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 01 Nov 2019 14:18	Photos		Normal	Ph	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 01 Nov 2019 14:18	Photos		Normal	Ph	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 01 Nov 2019 14:18	Photos		Normal	Ph	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 01 Nov 2019 14:18	Photos		Normal	Ph	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 01 Nov 2019 14:18	Photos		Normal	Ph	

Video List

Uploaded By/Date	Folder Date	File Name	
------------------	-------------	-----------	--

Display in New Window Scan and uploading