

NATIONAL Assessment Centre Services. [ver 1 Jan'03] MMA 119153499

Date In: 20/11/19 16:58	Job description	Date & Time Completed	Done by
Ref No: MA/INC19020619/h4	SAS e-filing		
Veh No: GBB 39002	E-mail (within 8hrs, AIC 2hrs)		
DDA: 19/11/19 16:45	I-Motor Claim Form	MT/1072261-001	20/11/19 17:49
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/Whse		

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

TP Particulars: Veh No: SMP 9648 J. 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 19020619/h4)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time: () Action: ()

MA19020619/h4

Client's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Invoice Particulars	Amount (\$)	Amount (\$)
1) AR: Accident Reporting (\$30)		20.00
2) DA: Damage Assessment (\$100)	INC (\$40)	
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claim against INC Only (wef 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) NI: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
• N5: Courtesy Car / Tpt Allowance	\$3	
• N6: Repair Coordination	\$10	
• N7: Post Repair Inspection	\$25	
• N8: DV / Collect Excess Coordination	\$3	
TP (N11): TP (Non INC) against INC	\$20	
9) N12: 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	20/11/2019 16:58
Date Of Accident	19/11/2019 16:45
Exact Location Of Accident	PAN PACIFIC SERVICED SUITES LOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB3900Z
Insured/Policyholder	
Name Of Registered Owner	TG DECOR PTE LTD
Co Reg No	200613691Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62867139

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	5105994826
Cover Note Number	

Driver

Name of Driver	GOVINDHARASU SUNDARAMOORTHY
NRIC No	G8011922X
Date Of Birth	04/06/1987
Occupation	OUTDOOR
Date Of Driving Pass	17/03/2009
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81148847
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	12 SHAW RD #05-03
Postcode	367951
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)	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

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	SMP9648J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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.

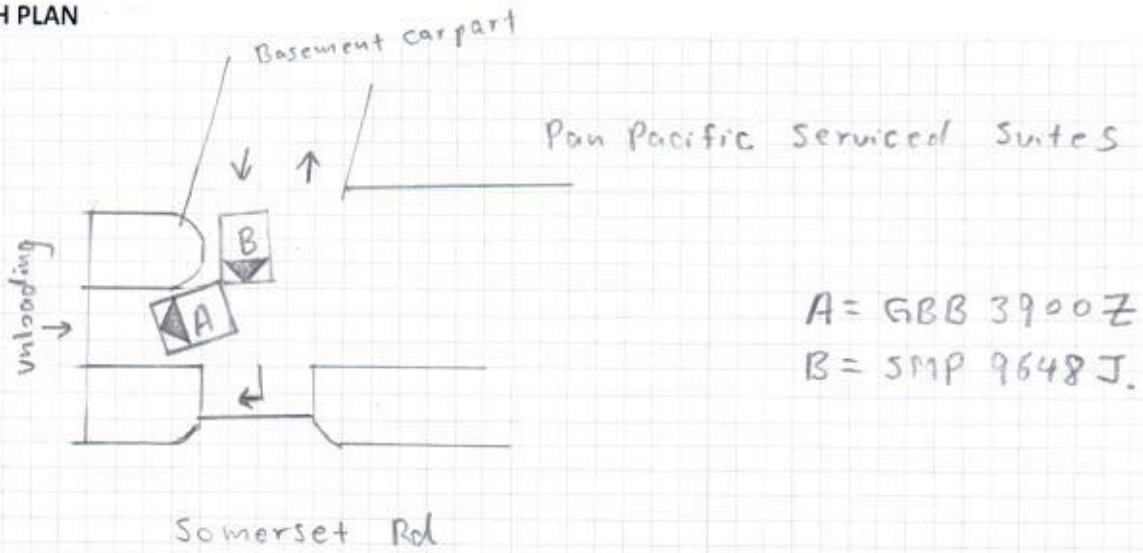


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



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.:

MY LORRY WAS PARKED INSIDE THE UNLOADING LOT ALONG PAN
PACIFIC SERVICED SUITES, AFTER I CHECK BEHIND TRAFFIC WAS CLEAR, I
SLOWLY REVERSING OUT FROM THE LOT, SUDDENLY VEH B COME UP
FROM THE BASEMENT CARPARK AND HIT ONTO MY VEH REAR RIGHT
PORTION.

Date of Accident : 19/11/19 Accident Time: 16 45 (24-HR-Format)
 Accident Place : Pan Pacific Hotel Serviced Suites Loading bay
 Vehicle No. (Car Plate No.) : G8839002 Make/Model: Toyota hynd
 Insurance Company : Liberty Policy No: _____
 Owner or Company Name /IC No. : TG Decor Pte Ltd
 Owner or Company Contact No. : _____ Owner's Hp 62867139 Company Tel _____
 DRIVER'S Name / IC No. : Govindharasu Sundar Arumorthy
 DRIVER'S Date Of Birth : _____ DRIVER'S License Pass Date _____
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : Shaw Rd No 12 #05-103 CS) 367951
 DRIVER'S Contact No./ Alt No. : (1) 81148842 (2) _____
 DRIVER'S Occupation : INDOOR \ OLD INDOOR (e.g. working inside or outside office)
 Email Address : _____
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 1
 Was there any video Captured by car camera: YES NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): No

Other Party Driver's Particular (if any)

Vehicle No: <u>SMF 9648J</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

* CI

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

19/11/2019 16:50

Vehicle No.(For Motor)

GBB3900Z

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5105994826		TG DECOR PTE LTD	200613691Z	GCV	Comprehensive	GBB3900Z	GBB3900Z	11/12/2018	10/12/2019

Claim Handling

Accident MT/1072261

Policy No.	5105994826	Vehicle No.	GBB39002	GST Registration No.	200613691Z	
Certificate No.						
Policyholder Name	TG DECOR PTE LTD					
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Policyholder NRIC	200613691Z	
Contact No.(Mobile)	62867139	Contact No.(Office)		Loading	0	
Email Address		Special Remark		Contact No.(Home)		
KPK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	No	
NCD Protection	No	MCD Entitlement(%)	20	eCode Reason		
▼ Accident Details			Private Hire			No
Report Date	20/11/2019 17:44	Accident Report Within 24 hrs	Yes	Accident Type	Others	
Date of Accident	19/11/2019	Time of Accident hh:mm	16:45	Country of Accident	Singapore	
Reporting Centre		Orange Force		ICM No.		
Accident Location	PAN PACIFIC SERVICED SUITES LOADING BAY					
▼ 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	13/11/2006			
GST Registration No.	200613691Z	GST Status Verified	Yes			
Modification History	20/11/2019 17:48:03 System changed GST Status Verified from No to Yes					
▼ Policyholder Mailing Address						
Address 1	53 UBI AVENUE 1	Address 2	#06-19 PAYA UBI INDUSTRIAL #	Address 3	SINGAPORE 408934	
Address 4		Address Type	Singapore address	Post Code	408934	
Unit No.	06-19	Related Policy Number	5110507120			
▼ OI Driver Info						
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	GOVINDHARASU SUNDARAMOO	Driver NRIC	G8011922X	Driver DOB	04/06/1987	
Register Date of Driver License	17/03/2009	Driver Age	32	Driving Experience	10	
Contact No.(Mobile)	81148847	Contact No.(Office)		Contact No.(Home)		
Address 1	12 SHAW ROAD	Address 2	#05-03 SHAW LODGE	Address 3	SINGAPORE 367951	
Address 4		Address Type	Singapore address	Post Code	367951	
Unit No.	05-03					
Does he own a Singapore Registered car?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.		Driver Insurer Company		
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

Modification History

Claim 001 New

Claim Type *	DD-MX	Insured Name	TG DECOR PTE LTD	Insured NRIC	200613691Z
Contact No.(Mobile)	82680840	Contact No.(Home)		Contact No.(Office)	62867139
Email Address	admin@tgdecor.com.sg	Vehicle Number	GBB39002	TP	SMP95
Claim Description	GBB39002 / SMP9548 ON 19 Nov 2019				
Preferred Workshop	0	Insured Liability	Partially at Fault	Name of Preferred Workshop	0
Workshop No.		Preferred Repair Option	Preferred Workshop, Name unknown		
Finalisation	Yes	GIA report	Received		
Date Registered					
Report Taken By					
Print AK letter					

Save Submit

Attachment

Accident No.	MT/1072261	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	20/11/2019 17:49
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
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			
▼ Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @	20 Nov 2019 17:49	NRIC/ Driving License	Normal
		Description	NRIC/ Driving License 2019-11-20



Video List

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Nov 2019 17:49	SAS	Normal	SAS 2019-11-20
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Nov 2019 17:49	Photos	Normal	Photos 2019-11-20
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Nov 2019 17:49	Photos	Normal	Photos 2019-11-20
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Nov 2019 17:49	Photos	Normal	Photos 2019-11-20
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Nov 2019 17:49	Photos	Normal	Photos 2019-11-20

Uploaded By/Date

Folder Date

File Name



Source

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