

NATIONAL Assessment Centre Services. [ver 1 Jan 03] **MWA 118166762.**

Date In: 28/12/18 14:26	Job description	Date & Time Completed	Done by
Ref No: MA11MC18023261/h4.	SAS e-filing		
Veh No: GBD 5918A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 28/12/18 10:40	I-Motor Claim Form	MT/1025581-001	29/12/18 09:28
OD <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: (Tel:	Fax:
TP Particulars:	Veh No: GBDH 8779T	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 repaler.

() 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

MA1808562	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
Claimant's Particulars:	1) AR : Accident Reporting (\$30);	30.00	
	2) DA : Damage Assessment (\$100); INC (\$80)		
	3) TP : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR : Re-inspection \$75		
	7) NI : Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
Driver/Owner:	*N5: Courtesy Car / Tpt Allowance	\$3	
	*N6: Repair Coordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$5	
	*N11: TP (N-on INC) against INC	\$20	
Contact No:	9) N12: Idao Mobile	\$0	
	Invoice dated	Fee Charged	
Damaged Portion:	Invoice dated	Fee Charged	
QC Checked by (Engr-In-Charge):			
Auditors Comments:			
Saf. I:			
Saf. 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	28/12/2018 14:26
Date Of Accident	28/12/2018 10:40
Exact Location Of Accident	UBI RD 1 TWDS UBI AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD5918A
Insured/Policyholder	
Name Of Registered Owner	JUST RELAX LAUNDRY PTE. LTD.
Co Reg No	200508939N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62554222

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE
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	THIRD PARTY
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	5072573468-03
Cover Note Number	-

Driver

Name of Driver	RUDY EZWANDY BIN AMIT
NRIC No	S8100322Z
Date Of Birth	05/01/1981
Occupation	OUTDOOR
Date Of Driving Pass	17/05/2001
Driving Experience	17 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87533609
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 334A ANCHORVALE CRES #07-114
Postcode	541334
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	COLLISION - CHANGE/CROSS LANE
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

PLEASE REFER TO ATTACHED 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	GBH8779T
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

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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

Please Refer to Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please 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:

Handwritten signature of the driver.

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

Handwritten signature of the reporting centre personnel.



Paya Ubi Industrial Park, 53 Ubi Avenue 1 408934

Business or Company

Paya Ubi Industrial Park
53 Ubi Avenue 1
(5)408934

Map Directions

Map

Building Directory

Photos

What's Nearby

Get Tips

Getting Here



5 Things You Shouldnt Do
If Hes Cheating On You

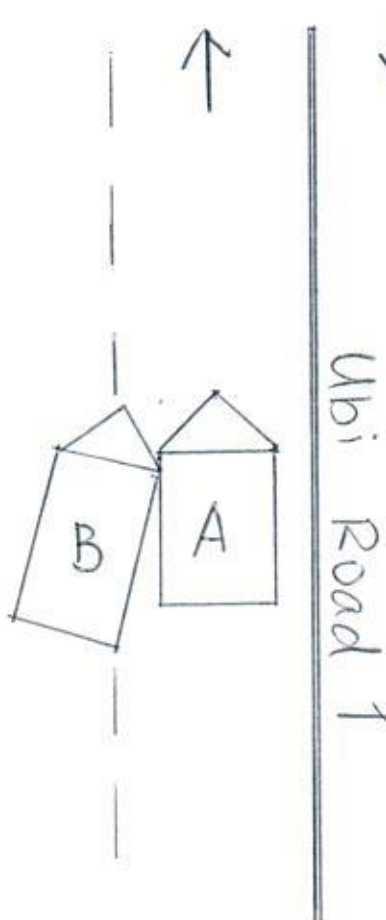
Save **LIVE 365 DAYS OF FUN**



Get Free Maps

A - GBD5918A

B - GBH8779T



Accident
site

3015A

Accident Statement

On 28th Dec 2018, at around 1040Hrs, I was driving my vehicle (GBD5918A) along Ubi Road 1 towards Ubi Ave 3. Suddenly a vehicle (GBH8779T) cut into my lane and hit onto my vehicle left. I'm making a third party claim.



Name: Rudy Ezwandy Bin Amit
NRIC: S8100322Z

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8100322Z



Name

RUDY EZWANDY BIN AMIT

رودي إسواندي بن اميت

Race

JAVANESE

Date of birth

Sex

05-01-1981

M

Country of birth

SINGAPORE

S8100322Z

4666192



NRIC No. S8100322Z



Date of issue

11-01-2011

APT BLK 334A ANCHORVALE CRESCENT #07-114
SINGAPORE 541334

NRIC No. S8100322Z

Date: 01/11/2014

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S 8 1 0 0 3 2 2 Z**
Name:
RUDY EZWANDY BIN AMIT

Birth Date: **05 Jan 1981**
Issue Date: **30 Apr 2003**





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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	17 May 2001

NP 428A





Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5072573458-03

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: GBD5918A

Chassis Number

: CR425010875

2. Name of Policyholder

: JUST RELAX LAUNDRY PTE. LTD.

3. Effective Date of Insurance

: 19 Jul 2018

4. Expiry Date of Insurance

: 18 Jul 2019

5. Persons or Classes of Persons entitled to drive

(a) The Policyholder,

(b) Any other person who is driving on the Policyholder's order or with his/her permission,

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession,

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

(a) Use for hire or reward,

(b) Use for racing, pace-making, reliability trial or speed-testing,

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : N/A

EXCESS (SECTION 2) : N/A

INSURE WITH COE : YES

HIRE PURCHASE COMPANY : ABWIN PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ABWIN PTE LTD (00000614234)

Date of Issue : 26 Jun 2018 11:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorized Officer

Chief Executive

Claim Handling

Accident MT/1025581

Policy No.	5072573468-03	Vehicle No.	GBD5918A	GST Registration No.	
Certificate No.					
Policyholder Name	JUST RELAX LAUNDRY PTE. LTD.	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	200501
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)		Loading	0
Contact No.(Mobile)	62554222	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
▼ Accident Details					
Report Date	29/12/2018 09:20	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	28/12/2018	Time of Accident hh:mm	10:40	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	UBI RD 1 TWDS UBI AVE 3				
▼ Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		No	
Modification History					
▼ Policyholder Mailing Address					
Address 1	53 UBI AVENUE 1	Address 2	#03-43 PAYA UBI INDUSTRIAL F	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	40893
Unit No.		Related Policy Number	5068349543-04		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	05/01/
Unnamed driver Name	RUDY EZWANDY BIN AMIT	Driver NRIC	S8100322Z	Driving Experience	17
Register Date of Driver License	17/05/2001	Driver Age	37	Contact No.(Home)	
Contact No.(Mobile)	87533609	Contact No.(Office)		Address 3	ANCHC
Address 1	BLK 334A #07-114	Address 2	ANCHORVALE CRESCENT	Post Code	54133
Address 4	SINGAPORE 541334	Address Type	Singapore address		
Unit No.	07-114				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	JUST RELAX LAUNDRY PTE. LTD
Contact No.(Mobile)	96192334	Contact No. (Home)	62554222
Email Address		OI Vehicle Number	GBD5918A
Claim Description	GBD5918A / GBH8779T ON 28 Dec 2018		
Preferred Workshop	<input type="radio"/> Insured Liability	Insured Liability	Not at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	29/12/2018 09:25
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. MT/1025581 Claim No. 001

Last Doc. Received

☒ Yes ☐ No

Upload Date

29/12/2018 09:28

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	Normal
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Clear	Please Select	NO	Normal
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Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Dec 2018 09:28	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Dec 2018 09:28	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Dec 2018 09:28	SAS	Normal	SAS 2018-12-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Dec 2018 09:28	Photos	Normal	Photos 2018-12-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Dec 2018 09:25	Photos	Normal	Photos 2018-12-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Dec 2018 09:25	Photos	Normal	Photos 2018-12-29
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Dec 2018 09:25	Photos	Normal	Photos 2018-12-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Dec 2018 09:25	Photos	Normal	Photos 2018-12-29

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading