

# NATIONAL Assessment Centre Services.

[part 1 Jan03] : MMA 119156535

Date In: 27/11/19 11:12	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19020974164	SAS e-filing		
Veh No: GBD 5918 A	E-mail (within 8hrs, AIC 2hrs)		
DDA: 26/11/19 12:50	I-Motor Claim Form	MT/1073278 <sup>001</sup>	27/11/19 15:15
OD: TP / Repairing 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: GBJ 6114 P.	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: YBS ( ) / 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 19020974164)

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

Injury: \_\_\_\_\_

Date/Time	Action

NA 1905926	Invoice Ref: (Non-Chargeable)	Am (\$)	Pay (\$)
1) AR: Accident Reporting (\$30)		30.00	
2) DA: Damage Assessment (\$100)	INC (\$50)		
3) TP: Towing Fee	\$40/\$45		
4) PT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
For claimant against INC Only (over 10 Jan 2023)			
6) TR: Re-inspection	\$75		
7) NI: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
ON:			
*N5: Courtesy Car / Tpt Allowance	\$5		
*N6: Repair Co-ordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$5		
TP (NI): TP (INC) against INC	\$20		
9) NI2: Idao Mobile	\$0		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Comments:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Signature:

Date: / /



## 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	27/11/2019 11:12
Date Of Accident	26/11/2019 12:50
Exact Location Of Accident	YISHUN AVE 2 NEAR KHATIB MRT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD5918A
<b>Insured/Policyholder</b>	
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	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	5072573468-04
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	18 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87533609
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 334A ANCHORVALE CRESCENT #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 - HEAD TO REAR
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	GBJ6114P
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

Refer to Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

DECLARATION

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

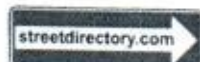
Policyholder's Signature  
Date & Time:



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

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





y

Location of Company

Yishun Avenue 2

Map Directions

Map

Building Directory

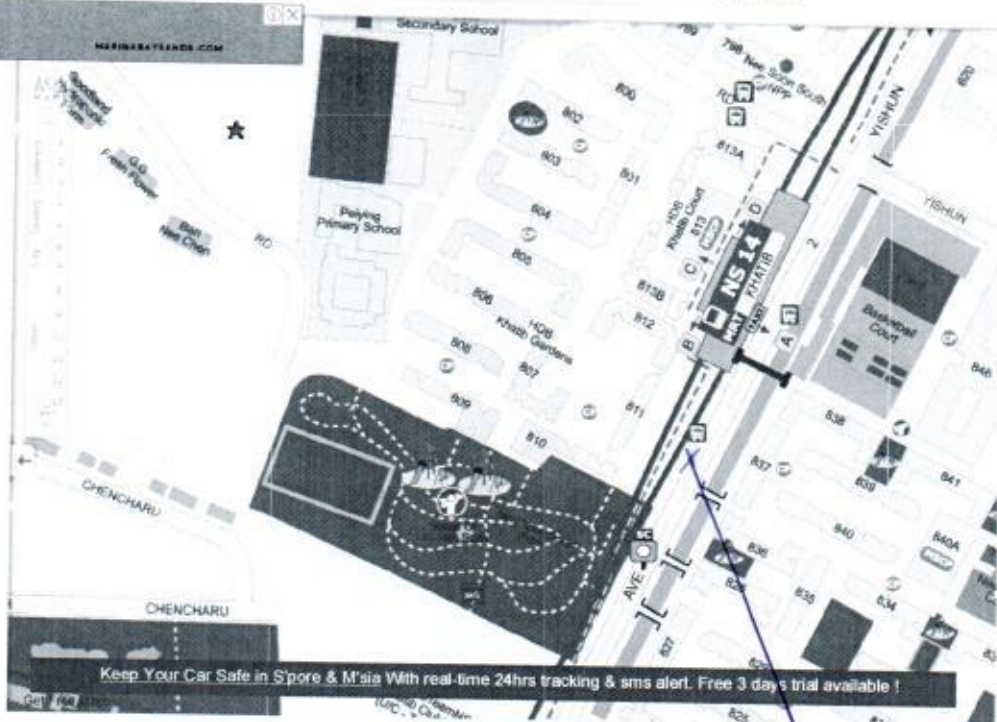
What's Nearby

Get Tips

Getting Here



5 Things You Shouldnt Do If Hes Cheating On You



Keep Your Car Safe in S'pore & M'sia With real-time 24hrs tracking & sms alert. Free 3 days trial available!

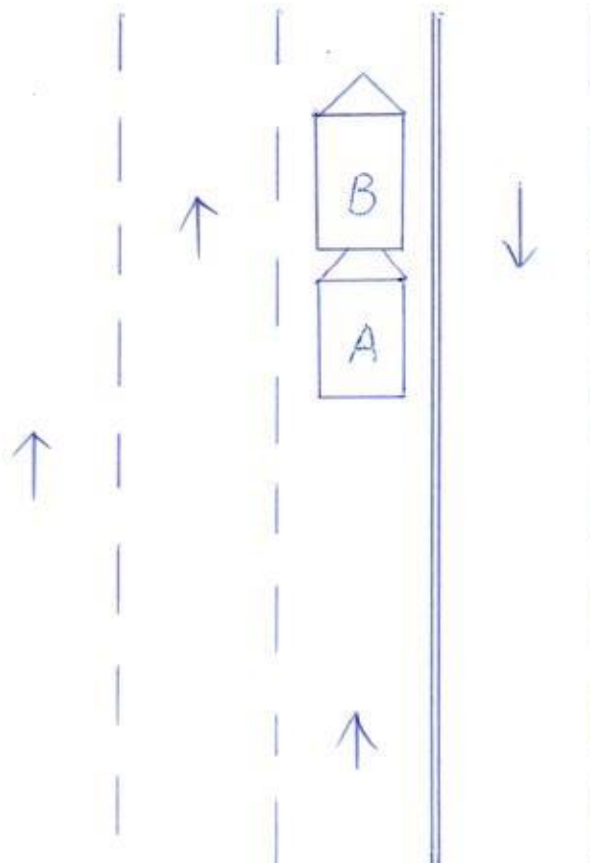
Accident site

A - GBD 5918A

B - GBJ 6114P

*Handwritten signature*

Yishun Ave 2 (toward Khatib MRT)



## **Accident Statement**

On 26th of Nov 2019, at around 1250hrs, I was driving my vehicle (GBD5918A) along Yishun Ave 2 near Khatib MRT. The vehicle in front of me (GBJ6114P) brake suddenly, I did not manage to stop my vehicle on time and hit onto the vehicle. I am making this report for the purpose of reporting only.



Name: Rudy Ezwandy Bin Amit  
NRIC: S8100322Z

## 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 :** 5072573468-04

**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 2019                  |
| 4. Expiry Date of Insurance  | : 18 Jul 2020                  |
| 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.<br>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 : 25 Jun 2019 21:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## Claim Handling

Accident MT/1073278

Policy No.	5072573468-04	Vehicle No.	GBD5918A	GST Registration No.	
Certificate No.					
Policyholder Name	JUST RELAX LAUNDRY PTE, LTD.			Policyholder NRIC	200508939N
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	62554222	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

## Accident Details

Report Date	27/11/2019 15:05	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	26/11/2019	Time of Accident hh:mm	12:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	YISHUN AVE 2 NEAR KHATIB PRKT				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	Driver is Covered?	Covered
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	27/11/2019 15:13:04 System changed GST Status Verified from No to Yes		

## Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#03-43 PAYA UBI INDUSTRIAL F	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.		Related Policy Number	5068349543-05		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	05/01/1981
Unnamed driver Name	RUDY EZWANDY BIN AMET	Driver NRIC	S81003222	Driving Experience	18
Register Date of Driver License	17/05/2001	Driver Age	38	Contact No.(Home)	
Contact No.(Mobile)	87533609	Contact No.(Office)		Address 3	ANCHORVALE COVE
Address 1	BLK 334A #07-114	Address 2	ANCHORVALE CRESCENT	Post Code	541334
Address 4	SINGAPORE 541334	Address Type	Singapore address		
Unit No.	07-114				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes No
-------------------------------------	------	-------------	--------

## Modification History

Claim 001 New

Claim Type *	OO-MX	Insured Name	JUST RELAX LAUNDRY PTE, LTD.	Insured NRIC	200508939N
Contact No.(Mobile)	96192334	Contact No.(Home)	62554222	Contact No.(Office)	625601
Email Address		OI Vehicle Number	GBD5918A	TP Vehicle Number	GBJ611
Claim Description	GBD5918A / GBJ6114P ON 26 Nov 2019				
Preferred Workshop	Insured Liability	Fully at Fault	GIA report	Received	
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Claim Close Date	27/11/2019 15:14
Date Registered				Date Received	27/11/2019
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1073278	Claim No.	001
Last Doc. Received	Yes No	Upload Date	27/11/2019 15:15

Path \*

Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Message Read		Clear	Please Select	NO	Normal	

## Attachment List

2/2