

NATIONAL Assessment Centre Services MAY 19 2019

Date In: 14/05/2019 19:55	Job description	Date & Time Completed	Done by
Ref No: 150/11/19010620/Y	SAS e-filing		
Veh No: GX 8488P	E-mail (within 4hrs, A/C 2hrs)		
D.O.A: 14/05/2019 13:00	I-Motor Claim Form		
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/Work		

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

TP Particulars: Veh No: BARREN 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

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		In Bill	Not In Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$40)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comment(s):	5) FT: Follow-Through Survey (Resurvey) \$30		
Cal. 1:	6) TR: Itc-Inspection \$75		
Cal. 2/3:	7) N1: Idm DA + SMRT Survey \$160		
1/1/19	8) NTM: Additional Services:-		
	*N3: Courtesy Car / Tpi Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idm 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	14/06/2019 19:55
Date Of Accident	14/05/2019 13:00
Exact Location Of Accident	1091 LOWER DELTA ROAD CARPARK GANTRY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX8488P
Insured/Policyholder	
Name Of Registered Owner	SHINERS FACILITIES PTE. LTD.
Co Reg No	-
Email Address	DALJEET@SHINERS.COM.SG
Mobile Phone No	(LOCAL) +65-84533350
Alternative Phone No	OFFICE-63370821

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D19MCV0001852
Cover Note Number	

Driver

Name of Driver	DALJEET SINGH S/O DALIP SINGH
NRIC No	S1401729A
Date Of Birth	01/05/1960
Occupation	OUTDOOR
Date Of Driving Pass	09/07/2014
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84533350
Fax Number	
Contact Number	OFFICE-63370821
Email Address	DALJEET@SHINERS.COM.SG

Address	BLK 2 SPOONER ROAD #01-86
Postcode	168790
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	COLLIDED INTO PROPERTY
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	1
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

PLEASE REFER TO SKETCH PLAN (PHOTOS ONLY FROM DRIVER HANDPHONE)

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	BARRIER
Vehicle Category	NA/UNKNOWN
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.

SHINERS FACILITIES PTE LTD
120 Lower Delta Road
#09-10/11 Cendex Centre
Singapore 169208
Policy No: 63370821
Date & Time: 337 4331

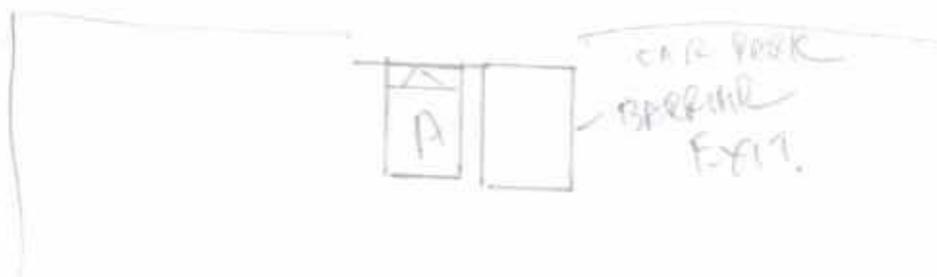
Driver's Signature
(If driver is not the policyholder)
Date & Time:

14/06/2019

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

A) GX 8488P

X
NEW ENTRY



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14 May 2019, I was going to the store to collect some goods for site.

On the way to exit, after the ERP reader deducted the barrier arm came up, while exiting the barrier came down before the van was completely out and hit the van.

Immediately, I stopped the van and the barrier was already on my van. Try getting the intercom, there was no response. Put down the barrier arm and proceed to the other sites work. No other vehicles or people were injured during this incident.

End of report.

DECLARATION

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

SHINERS FACILITIES PTE LTD
 120 Lower Delta Road
 #09-10/11 Cendex Centre
 Singapore 169208
 Tel: 6337 4331
 Fax: 6337 4331

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

14/06/2019
 Reporting Centre Personnel's Signature
 Name: Reshi Wathani
 NRIC/FIN No.:

Our Ref : MCV2019D0000602/KL
Your Ref: GX8488P

Date: 10 June 2019

SHINERS FACILITIES PTE LTD
120 LOWER DELTA ROAD
#09-10 CENDEX CENTRE
Singapore 169208

BY REGD & NORMAL POST

Dear Sir,

**ACCDT INVL GX8488P(III) & BARRIER ARM ON 14/05/2019
ALONG 1091 LOWER DELTA ROAD**

We do not appear to have been notified of the above accident and hence are unable to deal with the third party claim(s). If the accident did in fact happen kindly ensure that an accident report is filed immediately with any of the IDAC or Reporting Centres and provide us with the following:

- (i) Copy of police report, if lodged
- (ii) Copy of accident report and
- (iii) Explanation for the non-reporting of the accident **within 24 hours** of the accident or by the **next working day** in compliance with the "**Notification Clause**" of the policy (copy enclosed for easy reference).

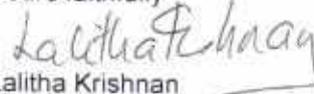
Please note that if we do not receive copies of the police and/or accident report and satisfactory explanation latest by the date indicated below this communication will serve as our formal communication to deny indemnity to you and/or driver at the time of accident, in respect of all claims arising out of the above accident.

Kindly note that under the Motor Vehicles (Third Party Risks & Compensation) Act, we are statutorily liable to satisfy any third party claim for damages for personal injuries and related expenses. Should we be required to satisfy any third party injury claim required under law, we reserve our rights to seek full recovery from you for all amounts incurred by us in accordance with the "Avoidance of Certain Terms & Rights of Recovery" clause of the Policy.

If you are not the driver of insured vehicle at the material time please bring this letter to the attention of the driver concerned for compliance. Further, kindly let us have the driver's name, NRIC and contact details (Phone nos. and Email ID).

Kindly revert latest by: 24/06/2019.

Yours faithfully



Lalitha Krishnan
Motor Claims Dept
Email : lalitha@iii.com.sg
DID : 6347 6139

Cc: LEE LIAN SENG [By Email]

PJ020

ACCIDENT STATEMENT

ACCIDENT DATE: 14/05/2019 (DD/MM/YYYY), TIME: 13:00 (HH:MM)

LOCATION: 1091 LOWER DELTA ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GX8488P
- b) INSURANCE COMPANY: INDIA INTERNATIONAL INSURANCE
- c) POLICY NUMBER: DI9MCV0001852
- 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: _____
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: SHINERS FACILITIES PTE LTD (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Daljeet Singh (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S1A01729A CONTACT: 84553350
- c) ADDRESS: Blk 2 #01-66 Spooner Rd. (168790)

*d) DATE OF BIRTH: 01/05/1960 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 9 Jul 2014

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) 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) NO

7. a) REPORTED TO POLICE (YES/NO) NO
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: P388KHL MODEL: _____
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Daljeet your particulars
*No of passengers
(including driver)
()

N.A →
*No of passenger
(including driver)
()

*No of passenger
(including driver)
()

~~Daljeet~~
daljeet@sj

email =
VIDEO

SHINERS FACILITIES PTE LTD
120 Lower Delta Road
#09-10/11 Cendex Centre
Singapore 169208
Tel: 6337 0821
Fax: 6337 4331

PUBLIC OF SINGAPORE

IDENTITY CARD NO. S1401729A



Name

DALJEET SINGH S/O DALIP SINGH

Race

SIKH

Date of Birth

01-05-1960

Sex

M

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1401729A

Name

DALJEET SINGH S/O DALIP SINGH

Birth Date 01 May 1960

Issue Date 09 Jul 2014



For LKK/NAC Use Only



399

NRIC No. S1401729A



Date of Issue

07-02-2007

APT BLK 2 SPOONER ROAD #01-66
SINGAPORE 168790
NRIC No: S1401729A

Date: 28/02/2013

No. 7320388

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 09 Jul 2014

For LKK/NAC Use Only



Licence No: S1401729A

NP 429A

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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D19MCV0001852

COVER: Third Party Only

- | | | |
|--|---|------------------------------|
| 1. Index Mark and Registration Number of Vehicle | : | GX8488P |
| Chassis No | : | CR425009690 |
| 2. Name of Policyholder | : | SHINERS FACILITIES PTE. LTD. |
| 3. Effective date of Insurance | : | 05 Apr 2019 |
| 4. Expiry date of Insurance | : | 04 Apr 2020 |
| 5. Persons or Classes of Persons entitled to drive* | | |
- Any person who is driving on the Policyholder's order or with their 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 in connection with the Policyholder's business.
 - b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 - c) Use for social, domestic and pleasure purposes.
- The Policy does not cover**
- a) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing.
 - b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$2500/- ON SECTION II WILL BE APPLICABLE.

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).

Agent/Broker : A000070/LEE LIAN SENG
Date of Issue : 03/04/2019 17:19:51
MZ300C (GOODS CARRYING)
COMPANY

For India International Insurance Pte Ltd



Authorized Signatory

SHINERS FACILITIES PTE LTD
120 Lower Delta Road
#09-10/11 Cendex Centre
Singapore 169208
Tel : 6337 0821
Fax: 6337 4331

