

NATIONAL Assessment Centre Services

Date In: 15/12/20	Job description	Date & Time Completed	Done by
Ref No: NA/11120013823/13	SAS e-filing		
Veh No: GBC1239H	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 10/12/20 1400	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

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

TP Particulars: Veh No: SLW8717A 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 Ref: 67886616) 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	Action

Client's Particulars	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
		In Bill	Add Bill
Client's Particulars: NA2006436	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Date 1:	6) TR: Re-inspection \$75		
Date 2/3:	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tp 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: Idao Mobile \$30		
	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 Submission	15/12/2020 12:00 (SGT)
Date of Accident	10/12/2020 14:00 (SGT)
Exact Location of Accident	Lower Delta Rd, Singapore
Additional Location Information	LOWER DELTA TWDS RIVER VALLEY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC1239H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SHINERS FACILITIES PTE LTD
Company Reg No	2XXXXX978D
Email Address	azrialsaini@yahoo.com
Mobile Phone No	(Phone) +65-92393693
Alternative Phone No	+65-92393693

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	India International
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D19MCMV0005572_01
Cover Note Number	-

DRIVER

Name of Driver	MOHD AZRIAL BIN MOHD SAINI
NRIC No	SXXXXX757J
Date Of Birth	24/05/1988
Occupation	Indoor

Date Of Driving Pass	22/02/2013
Driving experience	7 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87544676
Alt. Phone Number	-
Email Address	azrialsaini@yahoo.com
Address	BLK 246 YISHUN AVE 9
Address complement	#10-247
Postcode	760246
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE 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	SLW8717A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person MOHD AZRIAL BIN MOHD SAINI
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT
 Injured person in which vehicle? GBC1239H
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

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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.

→ FACILITIES PTE LTD
120 Lower Delta Road
#09-10/11 Pandex Centre
Singapore 169208
Tel: 6331 6621

Policyholder's Signature
Date & Time:

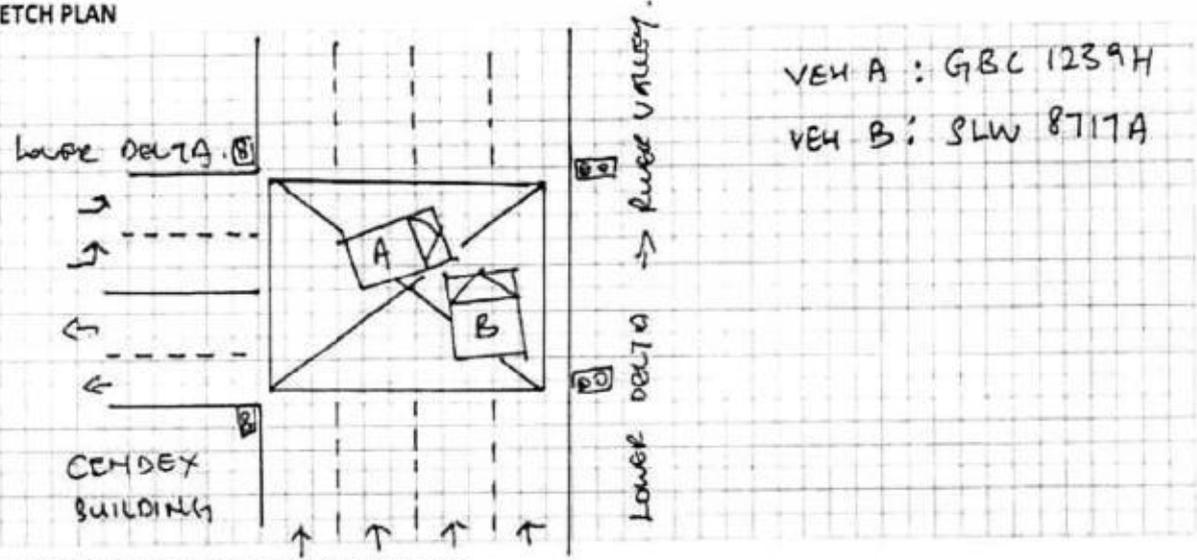


Driver's Signature
(if driver is not the policyholder)
Date & Time:

 15/12/20

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time I vehicle A was travelling on the stated venue. As the traffic light turn green I move off and turn left, when I reached lane 2, suddenly vehicle B beat the red-light and hit onto my vehicle front right portion.

DECLARATION

I/We declare that the above information are true in every respect.

120 Lower Delta Road
 #09-111 Condex Centre
 Singapore 169208
 6337 0821

Policyholder's Signature

Date & Time:

[Signature]

Driver's Signature
 (If driver is not the policyholder)

Date & Time:

[Signature] 15/12/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20201211/7032

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20201211/7032

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBC1239H	INDIA INTERNATIONAL INSURANCE PTE LTD			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHD AZRIAL BIN MOHD SAINI	ID No.	S8816757J
Related Vehicle	GBC1239H (Van)	Contact No.	87544676
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	10/12/2020	Date	10/12/2020
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated date and time i (GBC19H) was stationary on the stated venue. When the traffic light turns green the vehicle in front of me move off turning left, i followed and move off turning left, when i was turning left the vehicle (SLW8717A) who is on my right did not stop and hit onto my vehicle right portion. I wish to state that her side of road is red light and that she beat the red light. I felt pain and soreness in my body and later proceed to DA Clinic(intermedical 24hrs clinic) to seek treatment and was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20201211/7032

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20201211/7032

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
11/12/2020 17:15

Classification Of Case:

SINGAPORE ACCIDENT STATEMENT

TYPE OF CLAIMS : OWN DAMAGE () 3rd PARTY (/) REPORTING ONLY ()

DATE OF ACCIDENT : 10/12/2020 TIME : 7:40 AM

LOCATION : LOWER DELTA TOURS RIVER VALLEY

VEHICLE NUMBER : GBC 1239 H MAKE/MODEL NISSAN NU200 1.5L MT ABS AIRBAG

OWNER INSURED : SHINEES FACILITIES PTE-LTD- 2ND GDR

NRIC NO. : 200822978 D CONTACT NUMBER: 92393693

INSURANCE COMP: India Int. Insurance POLICY NUMBER: b19mcv0005572-01

TYPE OF INSURANCE: COMPREHENSIVE (/) TPFT () 3RD PARTY ONLY ()

DRIVER PARTICULAR

DRIVER SAME AS OWNER: ()

DRIVER NAME : MOHD AZRIAL BIN MOHD SAINI NRIC NO.: S8816757J

ADDRESS: 81K 246 Yishun Ave 9 #10-247 POSTAL: 760246

CONTACT: 87544676 EMAIL: AZRIALSAINI@yahoo.com GENDER: MALE

DOB: 24/05/1988 DATE OF PASS: 22/02/2013

(PLEASE TICK AND FILL THE RELEVANT CHOICES)

WAS DRIVER AND EMPLOYEE OF THE INSURED'S COMPANY (/) YES () NO

IF NO, RELATION OF DRIVER WITH INSURED:

() OWNER () SPOUSE () FRIEND () RELATIVE () CHILDREN () SIBLING (/) OTHERS *employee*

WEATHER CONDITION: (/) CLEAR () RAINING () DRIZZLING

ROAD SURFACE: (/) DRY () WET () SLIPPERY

WAS ANYBODY INJURED: (/) YES () NO INJURIES SUSTAINED : _____

WAS ACCIDENT REPORTED TO POLICE: IF YES, WHICH STATION: _____

() YES () NO POLICE REPORT NUMBER: _____

ANY VIDEO CAPTURED: () YES () NO CONVEY BY AMBULANCE () YES (/) NO

NUMBER OF PASSENGER INCLUDE DRIVER: Driver only

PARTICULAR OF PASSENGER : _____ () MALE () FEMALE
_____ () MALE () FEMALE
_____ () MALE () FEMALE
_____ () MALE () FEMALE

(THIRD PARTY PARTICULAR)

VEHICLE B SLW 8717 A NAME /NRIC: _____ CONTACT: _____
VEHICLE C _____ NAME /NRIC: _____ CONTACT: _____
VEHICLE D _____ NAME /NRIC: _____ CONTACT: _____
VEHICLE E _____ NAME /NRIC: _____ CONTACT: _____
VEHICLE F _____ NAME /NRIC: _____ CONTACT: _____
VEHICLE G _____ NAME /NRIC: _____ CONTACT: _____

WITNESS (IF ANY)

NAME: _____ HP NO. : _____ NRIC: _____

* TO PROVIDE ATTACH NRIC, WITNESS STATEMENT BY POLICE REPORT*

April 2021.

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1999 (MALAYSIA)

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

CERTIFICATE NO.: D19MCV0005572_01

COVER: Comprehensive

1. Index Mark and Registration Number of Vehicle : GBC12391H
Chassis No : JN1YBAM20U0003286
2. Name of Policyholder : SHINERS FACILITIES PTE. LTD.
3. Effective date of Insurance : 02 Nov 2020
4. Expiry date of Insurance : 01 Nov 2021

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.
- 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 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.

Excess Sect I : SGD600.00

Windscreen Excess : SGD100.00

Hire Purchase Company : Think One Credit Pte Ltd

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I 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 : 08/10/2020 14:30:10

M.Z. 300C - GOODS CARRYING(ORGANIZATION)

For India International Insurance Pte Ltd



Authorised Signatory

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 978D

Vehicle Details

Vehicle No.: GBC1239H
Vehicle to be Exported: No
Intended Deregistration Date: 31 Dec 2020
Vehicle Make: NISSAN
Vehicle Model: NV200 1.5L MT ABS AIRBAG 2WD 6DR
Primary Colour: Silver
Manufacturing Year: 2010
Engine No.: K9KF276D099441
Chassis No.: JN1YBAM20U0003286
Maximum Power Output: -
Open Market Value: \$23,466.00
Original Registration Date: 29 Apr 2011
First Registration Date: 29 Apr 2011
Transfer Count: 2
Actual ARF Paid: \$1,174.00

Intended PARF Rebate Details

PARF Eligibility: No
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 28 Apr 2021
COE Category: C - Goods Vehicle & Bus
COE Period(Years): 10
QP Paid: \$29,011.00
COE Rebate Amount: \$5,240.00
Total Rebate Amount: \$5,240.00

The information contained herein is correct as at 11 Dec 2020

OK