

NATIONAL Assessment Centre Services. (wef 1 Jan'05) MNA1180301Y2

| | | | |
|--------------------------|--|-----------------------|---------|
| Date In: 3/3/18-17:12 | Job description | Date & Time Completed | Done by |
| Ref No: NA/III1800419/24 | SAS e-filing | | |
| Veh No: 6X2479E | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 2/3/18-11:15 | 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 Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: 5H7370A | 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 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|----------------------|----------------------|
| NA1801379 | Invoice Preparation Checklist | Amt (\$) Est Bill | Amt (\$) Add Bill |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| 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) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idac 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 (N11): TP (Non INC) against INC \$20 | | |
| | 9) N12: Idac 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 ability.
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 | 03/03/2018 13:12 |
| Date Of Accident | 02/03/2018 11:15 |
| Exact Location Of Accident | JUNC MACPHERSON RD & PAYA LEBAR RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------------|
| Vehicle Registration Number | GX2479E |
| Insured/Policyholder | |
| Name Of Registered Owner | COLORNET PRINTING TECHNOLOGY PTE LTD |
| Co Reg No | 199302363Z |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-67451828 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | LITEACE 5DR |
| 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 | INDIA INTERNATIONAL INSURANCE PTE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | M490359 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | MAO FONG POH |
| NRIC No | S0137085E |
| Date Of Birth | 17/11/1953 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 06/06/1977 |
| Driving Experience | 40 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98798997 |
| Fax Number | |
| Contact Number | OFFICE-98798997 |
| Email Address | NOEMAIL |

| | |
|---|----------------------------------|
| Address | BLK 2C BOON TIONG ROAD #25-13 |
| Postcode | 166002 |
| 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 involved in the accident | 2 |
| Was any body injured in the Accident? | YES |
| 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? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | GEYLANG NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-8486999 - FAX NO: 68486799 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT -T/20180303/2055.

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 | SJH7370A |
| 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)

1

DETAILS OF INJURED PERSON 1

Name MAO FONG POH

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

GX2479E

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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

| | | | | | | |
|--------------|--|--|--|--|--|-------------|
| McPherson Rd | | | | | | A: GX 2479E |
| | | | | | | B: GH 7370A |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180303/2055.

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.:



SINGAPORE POLICE FORCE



T/20180303/2055

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

1 of 3
Report No. T/20180303/2055

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|---|------------------------------|
| Date/Time Report Made: 03/03/2018 12:43 | Vide Report No.: | Station Diary No.: 49 |
| Informant's Particulars | | |
| Name of Informant: MAO FONG POH | Address: APT BLK 2C BOON TIONG ROAD #25-13 SINGAPORE 166002 | |
| ID Type / ID No.: NRIC NO / S0137085E | Contact No.: Home/Office: | Mobile: 98798997 |
| Nationality: SINGAPORE CITIZEN | Email: | |
| Sex: Male | Age: 64 | Date of Birth: 17/11/1953 |
| Type of Informant: Driver | | |
| Race: Chinese | Language: | Institution / School Name: |
| Occupation: Van driver | Driving Licence Information: Class: 3 | Date of Expiry: |

General Information of the Accident

| | | | | |
|---|---|-----------------------|--|---------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 02/03/2018 11:15 | Type of Location: X-Junction |
| Location: Along Road 1 MACPHERSON ROAD MACPHERSON ROAD, 1ST LANE. (TURNING RIGHT TO PAYA LEBAR ROAD) | | | | |
| Weather: Clear | Road Surface: Dry | | Road Speed Limit: | |
| Traffic Flow: One Way | Traffic Control: Traffic Light - Working | | Traffic Volume: Heavy | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|--------|----------------|--------|---------------------|-----------------|
| GX2479E | Van | TOYOTA | LITEACE 5DR | Silver | Slightly Damaged | 0 |
| SJH7370A | Car | | | | | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20180303/2055

2 of 3

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

Report No. T/20180303/2055

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Driver | | | |
| Name | MAO FONG POH | ID No. | S0137085E |
| Related Vehicle | GX2479E (Van) | Contact No. | 98798997 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 02/03/2018 | Date Discharge | 02/03/2018 |
| No. of Days granted Medical Leave | 04 | Degree of Injury | Slight |
| Driver | | | |
| Name | Tan Jia Yin | ID No. | S9329020H |
| Related Vehicle | SJH7370A (Car) | Contact No. | 91165093 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On the 02/03/18, at around 1115hrs, I was waiting at the 1st lane at the traffic junction between Macpherson Road X Paya Lebar Road. At the point of time, the traffic light was red and all vehicles were lining up on the said lane, preparing to turn right to Paya Lebar Road. While the waiting inside my van, I suddenly felt an impact from the rear of my vehicle. I then alighted from my vehicle and proceeded to make a check and realized that one vehicle had drive into my van, causing the van door to be dented and can't be opened. I also wish to state that I suffered from neck pain and backache due to the collision. I was given a MC from Mount Alvernia Hospital from 02/03/18 to 05/03/18.



**SINGAPORE
POLICE FORCE**



T/20180303/2055

3 of 3

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20180303/2055

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
G /
Sgt 2 LIM HSI YUAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
03/03/2018 12:43

Classification Of Case:

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)

This certificate is not transferable to a new owner of the vehicle. If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the insurer, or if the Certificate has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the legislation relating to compulsory Insurance.
The Certificate must be returned if the Insurance is suspended during its currency.

Agency Code: **20383SE**
Third Party Fire & Theft

Excess:
Young &/or Inexperience Drivers Excess: Nil
or > 65 years &/or S'pore D.L. <2 years

CERTIFICATE NO.

M490359

1. Index Mark and Registration
Number of Vehicle

GX 2479 E

2. Name of Policy holder

Colornet Printing Technology Pte Ltd

3. Effective date of the commencement of
Insurance for the purposes of the Act

12th March 2017

4. Date of Expiry of Insurance

11th March 2018

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*

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic and pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing.
- (2) 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.

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).

Date of Issue: **SJ/16.02.2017**

EXCEL INSURANCE AGENCY
Blk 970 #04-150 Hougang Street 91
Singapore 530970
Tel: 93666560

for India International Insurance Pte. Ltd.
(APPROVED INSURERS)

M.Z. 300C (GOODS CARRYING)
PRIVATE TYPE


Authorised Signatory

IMPORTANT NOTICE

Policyholders are hereby warned that under the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or to cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

Policyholders are further warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act, (Cap. 189).

The Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agree to cover the new owner they will endorse the policy accordingly and will issue a new Certificate of Insurance in the new owner's name.

IN THE EVENT OF AN ACCIDENT NOTIFICATION SHOULD BE GIVEN IMMEDIATELY TO THE COMPANY. FAILURE TO DO SO WILL RESULT IN UNDERWRITERS DECLINING LIABILITY.

Agent/Broker Name: **Excel**

Hire Purchase: **Mercedes-Benz Financial Services (Singapore) Ltd**