

NATIONAL Assessment Centre Services. [wef 1 Jan'05] **SN 09214K0007**

Date In: 20/4/21 14:28	Job description	Date & Time Completed	Done by
Ref No: NA/111 21004940/14	SAS e-filing		
Veh No: GX 2479 E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 19/4/21 13:45	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: YP 5445L	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

NA2102646	Invoice Preparation Checklist	Amf (\$) for Bill	Amf (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	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:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (N11) 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 willful 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	20/04/2021 14:28 (SGT)
Date of Accident	19/04/2021 13:45 (SGT)
Exact Location of Accident	Jln Eunus, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX2479E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COLORNET PRINTING TECHNOLOGY PTE LTD
Company Reg No	-
Email Address	PHBMS@YAHOO.COM
Mobile Phone No	(Phone) +65-98798997
Alternative Phone No	+65-98798997

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Liteace
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
Transmission	Manual
CC	3000

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	D19MCV0001296_02
Cover Note Number	-

DRIVER

Name of Driver	MAO FONG POH
NRIC No	SXXXX085E

Date Of Birth	17/11/1953
Occupation	Outdoor
Date Of Driving Pass	06/06/1977
Driving experience	43 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98798997
Alt. Phone Number	-
Email Address	PHBMS@YAHOO.COM
Address	BLK 2C BOON TIONG RD #25-13
Address complement	-
Postcode	166002
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	Collision - Head to Rear
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	Eunos Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004439999
Alt. Police Station Phone No	(Fax) +65-62444376
Police Station Address	Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210419/2122

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	YP5445L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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	MAO FONG POH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GX2479E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 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.

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Signature of Policyholder/Driver

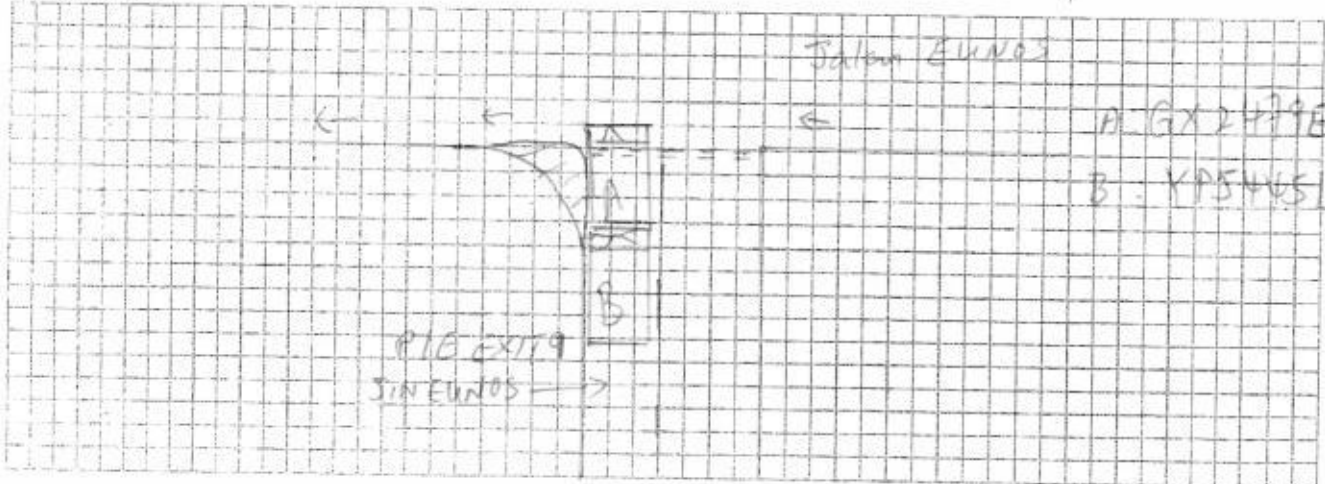
Signature of Witness

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Attached to the police report No T/20210419/2/22

Declaration

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

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20210419/2122

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 3

Report No. T/20210419/2122

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/04/2021 18:55	Vide Report No.:	Station Diary No.: 32
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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: 67	Date of Birth: 17/11/1953	Type of Informant: Driver		
Race: Chinese			Language: Mandarin		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/04/2021 13:45	Type of Location: Bend
Location: JALAN EUNOS				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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	LITE	Silver	Slightly Damaged	0
YP5445L	Lorry	MITSUBISHI		White		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210419/2122

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20210419/2122

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: NIL Date of Expiry: NIL
Date Treatment	19/04/2021	Date Discharge	19/04/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time and location. I was exiting Eunos Flyover from PIE via a bend towards Jalan Eunos. As I am navigating the said bend, I had to reduce speed. While a very minor front portion of vehicle managed to enter Jalan Eunos, the Fuso Lorry behind me collided onto the rear of my vehicle.

As a result, I sustained discomfort at my neck and back. The rear of my vehicle was damaged and the rear door was unable to open.

Particulars were exchanged and I got 5 days of Medical Leave from Mount Alvernia Hospital.



**SINGAPORE
POLICE FORCE**



T/20210419/2122

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

3 of 3

Report No. T/20210419/2122

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 TAN LI JIE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:

May Long

Date/Time:
19/04/2021 18:55

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)

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

CERTIFICATE NO.: D19MCV0001296_02

COVER: Third Party Only

1. **Index Mark and Registration Number of Vehicle** : **GX2479E**
Chassis No : **CR425008297**
2. **Name of Policyholder** : **COLORNET PRINTING TECHNOLOGY PTE LTD**
3. **Effective date of Insurance** : **12 Mar 2021**
4. **Expiry date of Insurance** : **11 Mar 2022**
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.

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 : A000031/Excel Insurance Agency
Date of Issue : 18/02/2021 14:38:09
M.Z. 300C - GOODS CARRYING(ORGANIZATION)

For India International Insurance Pte Ltd



Authorized Signatory



Mount Alvernia Hospital Medical Certificate

24-Hour Walk-in Clinic and
Emergency Department

No: M21000061557

This is to certify that MAO FONG POH, S0137085E, is granted Outpatient Sick Leave for 5 day(s) from 19-Apr-2021 to 23-Apr-2021.

Remark :

This medical certificate is not valid for absence from Court or judicial proceeding unless specifically stated.

Dr. Ho Li Chin

MCR : 06147F

24 HOUR WALK-IN CLINIC

Mount Alvernia Hospital

820 Thomson Road

Singapore 574623

Tel: 63476210

19/04/2021

Date



820 THOMSON ROAD, SINGAPORE 574623
MAIN LINE: 6347 6888 WEBSITE: www.mtalvernia.sg
GST REGN NO: M4-0003321-8

Patient Name : MAO FONG POH
ID No. : S0137085E
Account No. : 0210707884

Receipt No. : 210038937
Date : 19/04/2021
Page : 1 of 1

Item	Qty	UOM	Amount (\$)
ARCOXIA TAB 120MG	5	EA	19.50
LUMBAR SPINE	1	EA	79.00
NECK (2 VIEWS)	1	EA	59.00
OUTPATIENT NURSING SERVICE	1	EA	23.00
PROCHLORPERAZINE TAB 5MG	10	EA	2.50
RMO CONSULTATION FEE	1	EA	39.00
RMO CONSULTATION FEES (DAY) EXTENDED	1	EA	13.00
Total Charges			235.00
GST @ 7%			16.45
Paid:			251.45
VISA BY MAO FONG POH			
Mode of Payment : VISA			251.45

Reference No. : ---

This is a computer generated official receipt, no signature is required.

ACCIDENT STATEMENT

ACCIDENT DATE: (19/4/2021) (DD/MM/YYYY), TIME: (13:45) (HH:MM)

LOCATION: Exiting Eunos Flyover from Pie to wards
Jalan Eunos

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GX2479E
b) INSURANCE COMPANY: India
c) POLICY NUMBER: D19 MCV 000 1296-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Lite ACE 5DR
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: work
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: COLONET PRINTING TECHNOLOGY PTE LTD. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 1993023632 CONTACT: 98798997
c) ADDRESS: 705 Sims Drive #04-09 Shun Li Ind Complex
Sipore 38734

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MAO FONG POH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 50137085E CONTACT: 98798997
c) ADDRESS: BK 2C Boon Tiong Road #25-13 Sipore
166002

* d) DATE OF BIRTH: (17/11/1953) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 44

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) / 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 MAO Fong Poh

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: 629 Bedok Reservoir Road 01-16

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YP5445L MODEL: Lorry Mitsubishi
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: _____

Email = phbms@yahoo.com

fax = 67489386

VIDEO = No