

# NATIONAL Assessment Centre Services.

[ver 1 Jan'03] MMA 119065443

Date In: 21/5/19 15:17	Job description	Date & Time Completed	Done by
Ref No: NAI TM2 19008884/h4.	SAS e-filing		
Veh No: GBB 2334P	E-mail (within 3hrs, AIC 2hrs)		
DOA: 19/5/19 17:50	I-Motor Claim Form		
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whom		

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

TP Particulars: Vch No: Unknown 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time	Action

NAI903669

Comments/Particulars	Invoice Information/Checklist	AMT (\$)	AMT (\$)
Driver/Owner:	1) AIR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$40)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors' Comments:	5) IPT: Follow-Through Survey (Resurvey) \$30		
Ref 1:	For claiming against INC Only (ver 10 Jan 2003)		
Ref 2/3:	6) TR: Re-inspection \$75		
	7) NI: Ideal 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 (IS-n INC) against INC \$20		
	9) N12: Ideal 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	21/05/2019 15:17
Date Of Accident	19/05/2019 17:50
Exact Location Of Accident	JLN EUNOS TRAFFIC JUNC WITH PIE(CHANGI)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB2334P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FONYEN FOOD PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68414038

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MT100608-R00
Cover Note Number	-

### Driver

Name of Driver	ONG CHEE TIONG (WANG ZHIZHONG)
NRIC No	S7734229Z
Date Of Birth	30/11/1977
Occupation	OUTDOOR
Date Of Driving Pass	17/05/2005
Driving Experience	14 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84579988
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 669 JLN DAMAI #10-57
Postcode	410669
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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

PLEASE REFER TO 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	UNKNOWN
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)	



## 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.:

✓  $\rightarrow$  PIE (Changi)

$B = \text{Unknown.}$

7th Euros.

Please 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.:

I WAS TRAVELLING ALONG JLN EUNOS WHILE APPROACHING JUNC WITH  
PIE (CHANGI), THE LIGHT FROM GREEN CHANGE TO EMBER, SUDDENLY  
VEH B WHICH WAS INFRONT OF ME JAMMED BRAKE AND STOP, I  
MANAGE TO STOP BUT CANNOT STOP IN TIME. AS THE RESULT, MY  
LORRY HIT ONTO THE VEH B REAR PORTION.



# ACCIDENT STATEMENT

ACCIDENT DATE: (19/5/19) (DD/MM/YYYY), TIME: (17:50) (HH:MM)

LOCATION: Gugos Jln Eunus traffic light with PIE (Chang:)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G8B 2334 P  
 b) INSURANCE COMPANY: TMZ  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: \_\_\_\_\_  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
 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: Fengyen Food Pte Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 68414038  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Ong chee Tiong (Wang zhizhong) (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 8457 9988  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: Unknown MODEL: Private car

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: \_\_\_\_\_

\* No of passenger  
(Including driver)  
(1)

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

warning CI

Email =

fax =

VIDEO = No.

IDENTITY CARD NO. S7734229Z



Name  
ONG CHEE TIONG  
(WANG ZHIZHONG)  
王 志 忠

Race  
CHINESE

Date of birth  
30-11-1977

Sex  
M

Country of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S7734229Z



Name  
ONG CHEE TIONG  
(WANG ZHIZHONG)

Birth Date: 30 Nov 1977

Issue Date: 17 May 2005

001341066J

Barcode

NRIC No: S7734229Z



Date of issue  
26-09-2005

APT BLK 669 JALAN DAMAI #10-57  
SINGAPORE 410669

NRIC No: S7734229Z

Date: 04/10/2009

No: 6294477

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors, vehicles <= 2500 kg

PASS DATE  
17 May 2005

MP 429A

License No: S7734229Z





## POLICY ENDORSEMENT

INSURED / ADDRESS  
FONYEN FOOD PTE LTD

BLK 1011 ALJUNIED AVE 3  
#01-09  
SINGAPORE 389934

POLICY NO : 18-MT100608-R00  
POLICY TYPE : COMMERCIAL VEHICLE  
POLICY PERIOD : 25/03/2018 TO 24/09/2019  
EFFECTIVE DATE : 24/03/2019  
DATE OF ISSUE : 20/09/2018  
PREMIUM DUE : SGD 669.50  
(inclusive of GST)

ACCOUNT : 2837DDA

The following endorsements, memorandum or clauses are added and form part of this Policy:

Endorsement No. 01

=====

Vehicle Registration No. GBB2334P

It is hereby declared and agreed that the Period of Insurance under this policy is extended to read as stated above and the Financial is amended to read as Hitachi Capital Asia Pacific Pte Ltd.

In view of above, an additional premium is charged to the Insured.

Subject otherwise to the terms, exceptions and conditions of this policy.

Signed for and on behalf of the Company

\_\_\_\_\_  
Authorised Signatory

**Tokio Marine Insurance Singapore Ltd.**

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: [tmis@tokiomarine.com.sg](mailto:tmis@tokiomarine.com.sg) W: [www.tokiomarine.com](http://www.tokiomarine.com)A member of the  
Tokio Marine Group**TOKIO MARINE**  
INSURANCE GROUP

ORIGINAL

**TAX INVOICE**

DEBIT NOTE M1601624

INSURED / ADDRESS  
FONYEN FOOD PTE LTDBLK 1011 ALJUNIED AVE 3  
#01-09  
SINGAPORE 389934POLICY NO : 18-MT100608-R00  
POLICY TYPE : COMMERCIAL VEHICLE  
POLICY PERIOD : 25/03/2018 TO 24/09/2019  
EFFECTIVE DATE : 24/03/2019  
DATE OF ISSUE : 20/09/2018

ACCOUNT : 2837DDA

**PARTICULARS****PREMIUM (SGD)**

VEHICLE REGISTRATION NO. GBB2334P

Gross Premium

625.70

Add GST 7.00 %

43.80

Total Payable

-----  
669.50  
=====**IMPORTANT NOTICE**

1. Please pay in Billing Currency
2. Cheques are to be crossed and made payable to "Tokio Marine Insurance Singapore Ltd."  
No receipt will be issued for cheque payments.
3. 60 Days Premium Payment Warranty  
It is a condition that the premium due must be paid in full within 60 days from the date of inception of the risk. If this condition is not complied with, then this policy is automatically terminated from the expiry of the premium warranty period and Tokio Marine will be entitled to a pro-rata premium for the period they have been on risk subject to a minimum of SGD25.

This is a computer generated document and it requires no signature.

User Name Chong Yi Shan Medalline -