

ONAL Assessment Centre Services

Date & Time Completed

Done by

Ref No: 02/12/21
NA/FCT/21012246/13

Veh No: 4M97865

D.O.A: 29/10/21 1100

OD: (TP) Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (within 2hrs. Ab. 2hrs)

i-Motor Claim Form

i-Motor W/O (Within OD 2hrs. TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No:

XD2075R

Tel:

Fax:

Owner / Driver: (

INC () / Non-INC ()

Policy No: (

Period: (

Tel:

Confirmed by: (

Date:

Cover Type: (

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)

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	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) eT: Follow-Through Survey (Resurvey) \$30		
1:	For claiming against INC Only (wef 10 Jan 2005)		
2/3:	6) TR: Re-inspection \$75		
	7) NI: Idue DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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 (N-n INC) against INC \$20		
	9) N12: Idue Mobile \$10		

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	02/12/2021 16:05 (SGT)
Date of Accident	29/11/2021 11:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TWDS TUAS EXIT JALAN BAHAR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM9786S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ORIENTAL MARINE SUPPLIES PTE LTD
Company Reg No	1XXXXX936K
Email Address	mcchua81@gmail.com
Mobile Phone No	(Phone) +65-81210714
Alternative Phone No	+65-81210714

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NPR85UH5A
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	2999

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	D-20096706MCVP
Cover Note Number	-

DRIVER

Name of Driver	LAU BOON HOO
NRIC No	SXXXX717Z

Date Of Birth	16/06/1955
Occupation	Outdoor
Date Of Driving Pass	27/12/1978
Driving experience	42 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96308945
Alt. Phone Number	-
Email Address	mcchua81@gmail.com
Address	BLK 278C COMPASSVALE BOW
Address complement	#12-565
Postcode	543278
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?	Yes
Was any other vehicle 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	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211129/2116

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	XD2075R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

SKETCH PLAN

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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 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' 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.

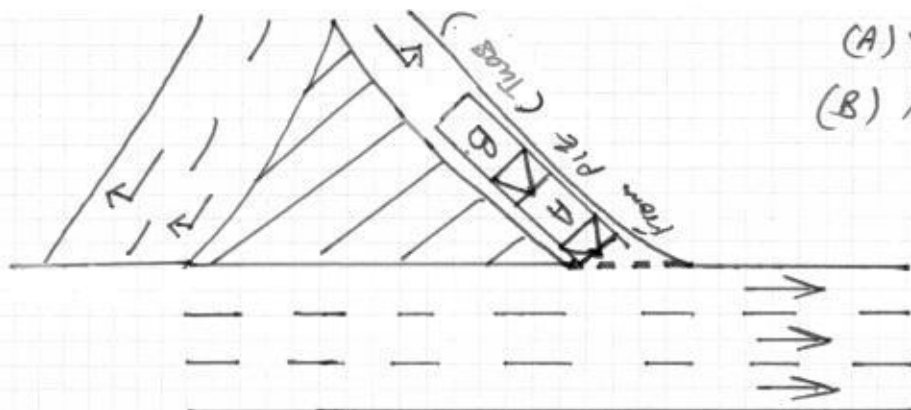
ORIENTAL MARINE SUPPLIES PTE LTD
50 UBI CRESCENT

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



(A) Ym 9786 S.
(B) XD 2075 R.

Jln Bahar. towards Jln Boon Lay.

Describe Circumstances of the Accident

Pls refer to Police Report

No: T/20211129/2116.

Declaration

We declare the foregoing particulars are true in every respect.

ORIENTAL MARINE SUPPLIES PTE LTD
50 UBI CRESCENT

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

15.00

[Signature]

2/12/21

[Signature] 02/12/21



SINGAPORE POLICE FORCE



T/20211129/2116

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20211129/2116

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/11/2021 19:44		Vide Report No.:		Station Diary No.: 99	
Informant's Particulars					
Name of Informant: LAU BOON HOO			Address: APT BLK 278C COMPASSVALE BOW #12-565 SINGAPORE 543278		
ID Type / ID No.: NRIC NO / S1118717Z			Contact No.: Home/Office: Mobile: 96308945		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 66	Date of Birth: 16/06/1955	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/11/2021 11:00	Type of Location: Bend
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
XD2075R	TRAILER				Slightly Damaged	0
YM9786S	Lorry				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20211129/2116

2 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No: T/20211129/2116

CONTINUATION OF REPORT

Driver			
Name	LAU BOON HOO	ID No.	S1118717Z
Related Vehicle	YM9786S (Lorry)	Contact No.	96308945
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	29/11/2021	Date Discharge	29/11/2021
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

ON 29/11/2021 at about 1100hrs, I was driving along the bend after PIE exit towards Choa Chu Kang. As I approached to the stop line, I stopped my vehicle as there were vehicles travelling straight along the main road. Shortly after, I felt a huge impact from my rear. Thereafter, I discovered that a vehicle YM9786S collided onto my rear. We then moved our vehicles to a corner, and came down to make a check. After coming down from the vehicle, I discovered the area above my right eyebrow was bleeding profusely. The vehicle's driver then called for an ambulance.

After the ambulance arrived, I was checked by them and subsequently conveyed to Ng Teng Fong Hospital. I was given stitches and 7 days medical certificate from 29/11/2021 to 05/12/2021.

I wish to inform that I do not have in-vehicle camera. My vehicle rear suffered damages and was also towed away as I conveyed to hospital.



**SINGAPORE
POLICE FORCE**



T/20211129/2116

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20211129/2116

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
F /
Sgt 3 LOW KAI TAT

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/11/2021 19:44

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MUHAMMAD SYARIFUDDIN
MUHAMMAD AJMAIN
Contact No.: 65476367

Classification Of Case:

VEHICLE NO:	YM 9786S	MAKE & MODEL:	Suzuki	AUTO <input checked="" type="checkbox"/> MANUAL
DATE OF ACCIDENT:	29 / 11 / 2021	CC:		
TIME OF ACCIDENT:	1100 HRS			
LOCATION OF ACCIDENT:	PRT towards Tuas exit Jalan Bahar.			
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT <input checked="" type="checkbox"/> PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER:	Oriental Marine Supplies Pte Ltd.			
TEL NO:	H/P: 8121 0714	OFFICE:		HOME:
NRIC:	198601936K			
ADDRESS:	50 Ubi Crescent # 01-07, Ubi Techpark (S) 408568.			
EMAIL:	mcchua81@gmail.com			
CLAIM TYPE:	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY			
FLEET POLICY:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
INSURANCE COMPANY:	MS First Capital Insurance Ltd.			
TYPE OF COVERAGE:	Comprehensive / Third Party / <input checked="" type="checkbox"/> Third Party Fire & Theft			
POLICY NO:	D-20096706 MCVF.			
NAME OF DRIVER:	AS ABOVE / IF NO: LAU BOON HOO			
NRIC:	S 1118717Z	ANY PASSENGER:	N.A.	
DATE OF BIRTH:	16 / 06 / 1955	LICENCE PASSED DATE:	/ /	
OCCUPATION:	<input checked="" type="checkbox"/> OUTDOOR / <input type="checkbox"/> INDOOR			
GENDER:	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
CONTACT NO:	H/P: 9630 8945	OFFICE:		HOME:
ADDRESS:	815 278C Compassvale Bow #12-565 (S) 543278			
EMAIL:				
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="checkbox"/> NO / IF YES, REG NO:			INSURER:
RELATIONSHIP:	Employee			
WEATHER CONDITION:	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAINING / OTHERS:			
ROAD SURFACE:	<input checked="" type="checkbox"/> DRY <input type="checkbox"/> WET / OTHER:			
ANY INJURIES:	NO <input checked="" type="checkbox"/> IF YES, WHO?			
NAME & CONTACT:	LAU BOON HOO H/P: 9630 8945			
NAME & CONTACT:				
POLICE REPORT:	NO <input checked="" type="checkbox"/> IF YES, WHERE? Hougang N.P.C.			
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES, WHO?			
VEHICLE B REG NO:	XD 2075R.	ANY PASSENGERS:		
NAME OF DRIVER:		CONTACT NO:		
VEHICLE C REG NO:		ANY PASSENGERS:		
VEHICLE D REG NO:		ANY PASSENGERS:		
VEHICLE E REG NO:		ANY PASSENGERS:		
VEHICLE F REG NO:		ANY PASSENGERS:		
VEHICLE G REG NO:		ANY PASSENGERS:		
ANY WITNESS? IF YES, NAME:	N.A.	WITNESS CONTACT:	N.A.	
WAS THERE ANY VIDEO CAPTURE?	YES <input checked="" type="checkbox"/> NO			
WAS THERE ANY AUDIO RECORDED?	YES <input checked="" type="checkbox"/> NO			
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO			
ACCIDENT PORTION:				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES <input checked="" type="checkbox"/> NO		
WORKSHOP PARTICULAR:	Twincar Automotive Pte Ltd.			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	JOSEPH TAN.			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.com.sg			

CERTIFICATE OF INSURANCE

ORIGINAL

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)

Type of Policy. : COMMERCIAL VEHICLE - PRIVATE INSURANCE
Type of Cover. : Third Party Fire and Theft
Certificate No. : D-20096706MCVP
Vehicle No / Chassis No : YM9786S / JAANPR85H87100095
Name of Insured : ORIENTAL MARINE SUPPLIES PTE LTD
Period Of Insurance : 03.12.2020 To 02.12.2021
Insured Estimated Value : Market Value At Time Of Loss

Excess :

NIL

ADDITIONAL SGD3,500.00 SECTION I & II SEPARATELY IS IMPOSED ON THOSE DRIVERS WHO ARE
BELOW 23 YEARS OLD AND/OR WHO HAVE LESS THAN 3 YEARS OF DRIVING EXPERIENCE

Authorised Driver*

ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

Any person who is driving on the insured'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.

Limitations as to use*

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

The Policy does not cover:-

- (1) Use for hire or reward or for racing, pacemaking, 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)

MS First Capital Insurance Limited
(Approved Insurers)

KARENS/B0188/MZ300C *AKS*

Issued at Singapore on 16.11.2020



Authorised Signature