

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 Actual 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 27/01/2023 16:39 (SGT)
Reported by Driver
Date of Accident 24/01/2023 15:25 (SGT)
Exact Location of Accident Singapore
Additional Location Information X-JUNCTION OF PUNGGOL ROAD & COMPASSVALE STREET
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GZ336L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ONG QUOE HAI GAS ENTERPRISE PTE LTD
Company Reg No 2XXXXX808W
Email Address ocspierre@gmail.com
Mobile Phone No (Phone) +65-62822278
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
Variant -
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 - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 2986

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number 22-MW009603-R07

DRIVER

Name of Driver ONG CHENG SWEE PIERRE
NRIC No TXXXX807G
Date Of Birth 01/11/2000
Occupation Outdoor

Date Of Driving Pass	29/01/2020
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-96252317
Alt. Phone Number	-
Email Address	ocspierre@gmail.com
Address	APT BLK 114 SERANGOON NORTH AVENUE 1
Address complement	# 08-541
Postcode	550114
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 on collision
Weather Conditions	Raining
Road Surface	Wet

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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Serangoon North Neighbourhood Police Post
Police Station Address	Blk 108 Serangoon North Avenue 1 #01-709 Singapore 550108
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT- T/20230125/2049

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM7278E
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	ONG CHENG SWEE PIERRE
Gender	Male
Phone No	(Phone) +65-96252317
Address	APT BLK 114 SERANGOON NORTH AVENUE 1
Address Complement	# 08-541
Post Code	550114
Approximate Age Years Old	-
Injuries Sustained	ABRASIONS & SWELLING -GIVEN 7 DAYS MC
Injured person in which vehicle?	GZ336L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for Investigation.**
6. This report will be forwarded by the insurers to 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.

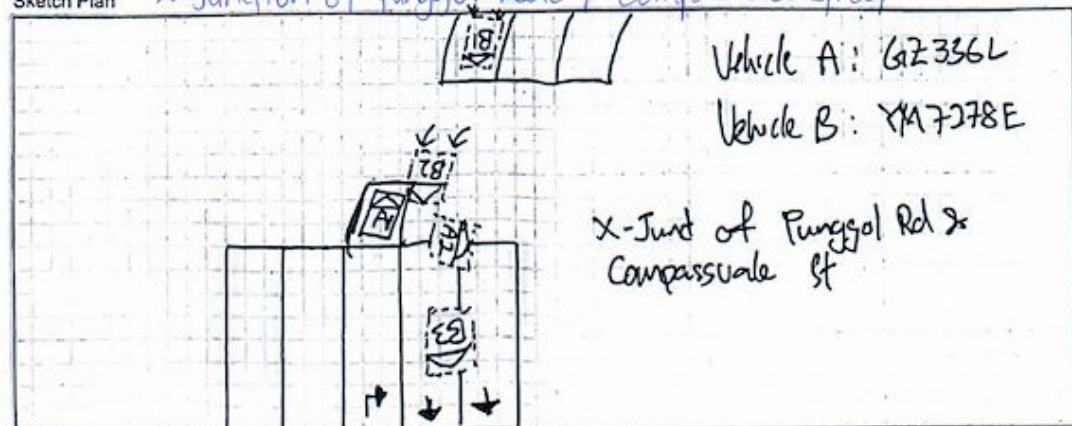
王溪海機氣有限公司
ONG QUOH HAN GAS ENTERPRISE PTE LTD
20, Ang Mo Kio Industrial Park 2A
#02-02/03 Tech Link Singapore 567761
Tel: (65) 6262 2221 / (65) 6481 7500
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

X-junction of Punggol Road & Compassvale street



vJun2022

Describe Circumstance of the Accident

Refer to police report No. T/20230125/2049

Declaration

(We declare the foregoing particulars are true in every respect.)

王漢海煤氣有限公司
ONG QUOE HAI GAS ENTERPRISE PTE LTD
20, Ang Mo Kio Industrial Park 2A
#02-02 AMK Tech Link Singapore 567761
Tel: (65) 6282 2278 Fax: (65) 6282 2600

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

gaurul 27/1/23

v3.0n2022

2



**SINGAPORE
POLICE FORCE**



T/20230125/2049

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

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Report No. T/20230125/2049

CONTINUATION OF REPORT

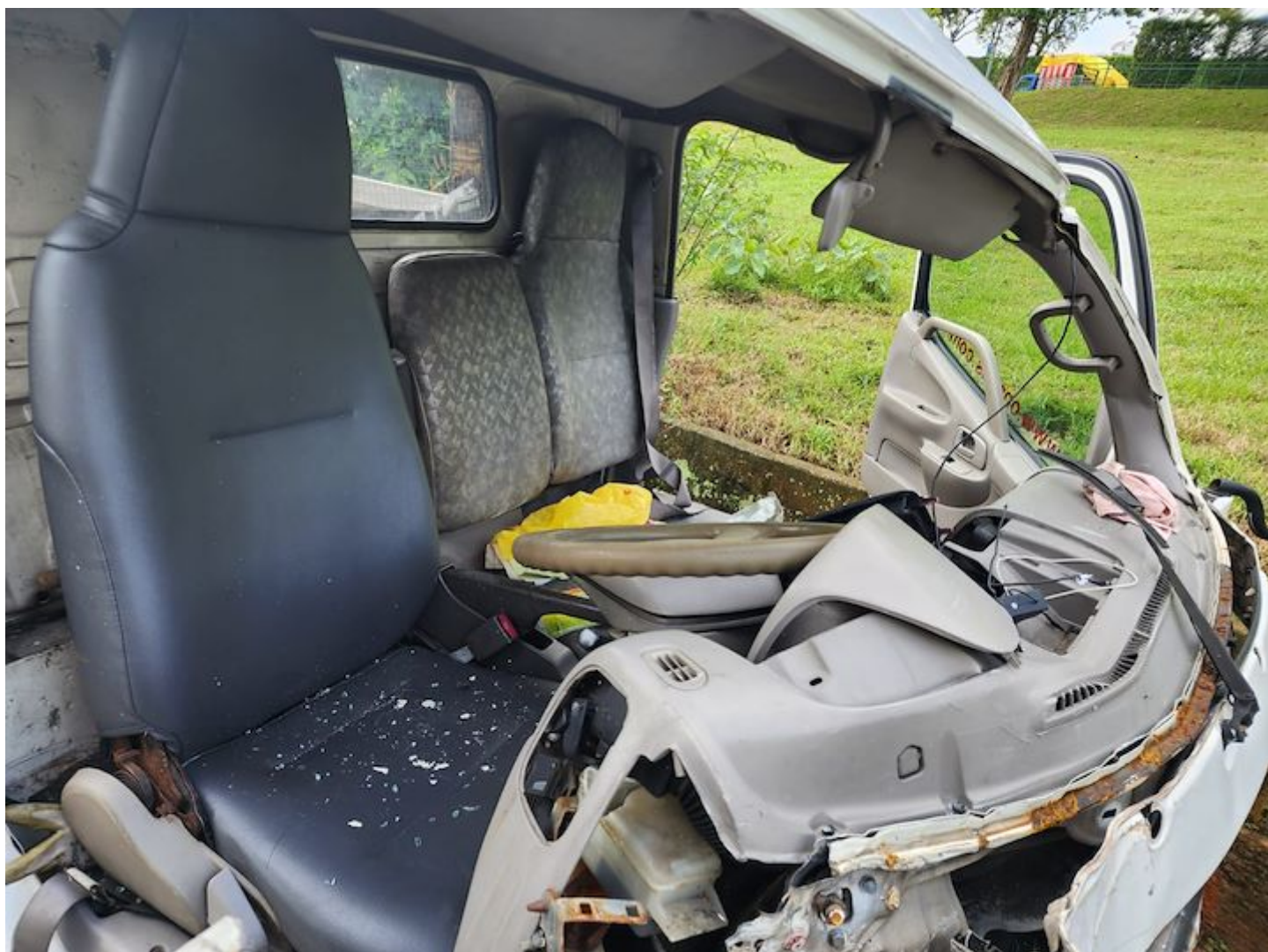
Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG CHENG SWEE PIERRE	ID No.	T0037807G
Related Vehicle	GZ336L (Lorry)	Contact No.	96252317
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	24/01/2023	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

On 24.01.2023 at about 1524hrs I was driving my vehicle bearing plate number GZ336L, along the junction of Punggol Road and Compassvale Street and was stationary in the white box waiting to turn right to Rivervale Drive. Suddenly there was a lorry bearing plate number, YM7278E, which was driving straight, hit onto my vehicle while I was still stationary. I then asked some passerby to call for the police and managed to climb out from the opening on my vehicle. I then went to the side road with assistance from passerby. The driver of the lorry was seen sitting in his vehicle for a few minutes before the ambulance and the Traffic Police then came. I was then conveyed to Sengkang General Hospital. The traffic police gave me a case card reference incident number F/20230124/0137 under Traffic Police IO Sufian 65476247. I then seek treatment at Sengkang General Hospital and was given 7 days of MC.
















**SINGAPORE
POLICE FORCE**


T/20230125/2049

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Report No. T/20230125/2049

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/01/2023 14:29	Vide Report No.:	Station Diary No.: 14
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Informant's Particulars

Name of Informant: ONG CHENG SWEE PIERRE			Address: APT BLK 114 SERANGOON NORTH AVENUE 1 #08-541 SINGAPORE 550114		
ID Type / ID No.: NRIC NO / T0037807G			Contact No.: Home/Office: Mobile: 96252317		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 01/11/2000	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: NSF			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/01/2023 15:25	Type of Location: X-Junction
Location: PUNGGOL ROAD				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GZ336L	Lorry				Totally Damaged	0
YM7278E	Lorry				Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GZ336L	TOKIO MARINE INSURANCE SINGAPORE LTD.	22-MW009603-R07	09/11/2022	08/11/2023



**SINGAPORE
POLICE FORCE**



T/20230125/2049

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

2 of 3
Report No. T/20230125/2049

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG CHENG SWEE PIERRE	ID No.	T0037807G
Related Vehicle	GZ336L (Lorry)	Contact No.	96252317
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	24/01/2023	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

On 24.01.2023 at about 1524hrs I was driving my vehicle bearing plate number GZ336L, along the junction of Punggol Road and Compassvale Street and was stationary in the white box waiting to turn right to Rivervale Drive. Suddenly there was a lorry bearing plate number, YM7278E, which was driving straight, hit onto my vehicle while I was still stationary. I then asked some passerby to call for the police and managed to climb out from the opening on my vehicle. I then went to the side road with assistance from passerby. The driver of the lorry was seen sitting in his vehicle for a few minutes before the ambulance and the Traffic Police then came. I was then conveyed to Sengkang General Hospital. The traffic police gave me a case card reference incident number F/20230124/0137 under Traffic Police IO Sufian 65476247. I then seek treatment at Sengkang General Hospital and was given 7 days of MC.

**SINGAPORE
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Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999



T/20230125/2049

3 of 3

Report No. T/20230125/2049

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 /

SR STAFF SGT KHAIRUDDIN
BIN MOHD SAMSURI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SGT 3 MUHD SYARIFUDDIN MUHD AJMAIN
Contact No.: 65476083

Signature Of Informant:

Date/Time:
25/01/2023 14:29

Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09231R000B Vehicle Registration No: GZ 336L
 Name (as shown in NRIC): Ong cheng swee pierre NRIC/FIN/Passport No: S
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: Apt BLK 114 Serangoon North Avenue / # 08-541 Singapore (55014)
 Contact (Tel): _____ Mobile No.: 9625 2317
 Email Address: ocs pierre@gmail.com
 Date of Accident: 24/01/2023 Time of Accident: 15:25
 Place of Accident: X-junction of purayal road & Compaenale street
 Insurance Company: Toto marine

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend purpose of vehicle Being Used at the time of accident
- Private Use

Policyholder / Actual Driver's Signature
Date:

gmuell 27/1/23
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: