

NATIONAL Assessment Centre Services

Date In 27/01/2023

Ref No NM/TM/23000830/DD4

Veh No GZ 336 L

DOA 24/01/2023 15:25

OD/TP Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (within 8hrs. Aft 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: (

Tel:

Fax:

TP Particulars:

Veh No:

YM 7278 E

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%. 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)

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

NA2300285 / NA2300286

Invoice Preparation Checklist

Amnt (\$)

Amnt (\$)

1st Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

Checked by (Engr-In-Charge):

Editors' Comments:-

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: Towing Fee \$40/\$45

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:-

CR:

* N5: Courtesy Car / Tpt Allowance \$5

* N6: Repair Co-ordination \$10

* N7: Post Repair Inspection \$75

* N8: DV / Collect Excess Coordination \$20

* N9: DV / Collect Excess Coordination \$20

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	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	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

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 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.

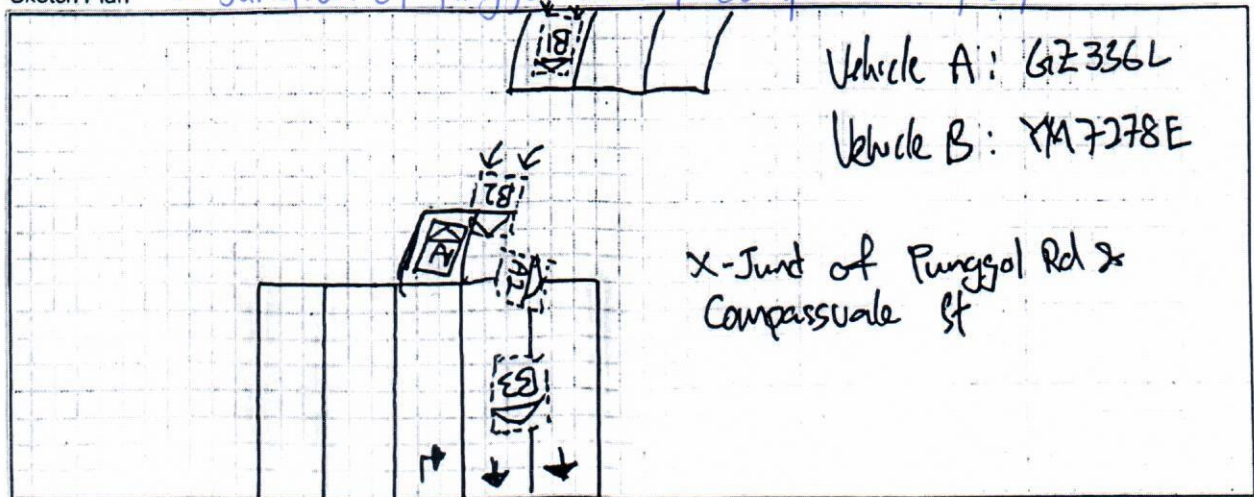
王溪海煤氣貿易私人有限公司
ONG QUOE HAN GAS ENTERPRISE PTE LTD
20, Ang Mo Kio Industrial Park 2A
#02-02 AMK Tech Link Singapore 567761
Tel: (65) 6263 2273 Fax: (65) 6481 7500
Policyholder's Signature / Date & Time

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

1

Describe Circumstance of the Accident

Refer to police report No. T/20230125/2049

Declaration

I/We declare the foregoing particulars are true in every respect.

王溪海煤氣有限公司
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)



**SINGAPORE
POLICE FORCE**



T/20230125/2049

1 of 3

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

Report No. T/20230125/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/01/2023 14:29	Video 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.:	Mobile: 96252317
Nationality: SINGAPORE CITIZEN			Home/Office:	
			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

General Information:				
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
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

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 Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/01/2023 14:29

Officer In Charge Of Case:

TP / GIT /

SGT 3 MUHD SYARIFUDDIN MUHD AJMAIN

Contact No.: 65476083

Classification Of Case:

NP168

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 24 / 01 / 2023 (dd/mm/yy) Time of Accident: 1525 (HH:MM) FORM 10-1
 Vehicle No.: GZ336L Vehicle Make & Model: Toyota Dyna Private Hire: ☒
 Exact Location of Accident: X-Junc of Punggol Rd & Compassvale St
 Policyholder's Name / IC No.: ONG QUOE HAI GAS ENTERPRISE PTE LTD 201008808W
 Driver's Name / IC No.: Ony Cheng Swee Pierre T0037807G (As Above) ☐
 Driver's Contact No.: 9625 2317 Company Contact No (Company Veh Only): 6282 2278
 Driver's Address: BLK 11A SERANGGON North AVENUE 1 #08-5A1 S(552114)
 Email address: ocspierre@gmail.com Insurance Company: TMS

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: *CC

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): 1

*Passenger Name: _____

Gender: Male / Female

*Passenger Name: _____

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☒ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Driver

Injuries Sustain: Abrasions & swelling Injured Person in Which Vehicle: GZ336L

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Serangoon North NPP

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: YM7278E

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

VEH CATEGORY

PRIVATE

PRIVATE-HIRE

COMMERCIAL

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 W: www.tokiomarine.com



TOKIO MARINE
INSURANCE GROUP

A member of the
Tokio Marine Group

Certificate of Insurance

FORM MZ300

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)

Policy No.: 22-MW009603-R07 (Comm Vehicle Carry Own Goods)

1. **Index Mark and Registration Number of Vehicle** GZ336L **Chassis No.:** JTFUF34Y103011161
2. **Name of Policyholder** ONG QUOE HAI GAS ENTERPRISE PTE LTD
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 09/11/2022
4. **Date of Expiry of Insurance** 08/11/2023

5. Persons or Class 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

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 Policyholders' 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.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Account: 0996DDA

Insurance Plan: Third Party Cover Only

Tokio Marine Insurance Singapore Ltd.

Authorised Signature