

NATIONAL Assessment Centre Services [wef 1 Jan'05] *MNA 118/05 198*

Date In: <i>12/8/18 - 15:11</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NA/MNA 180 14797/24</i>	SAS e-filing		
Veh No: <i>ABB2245M</i>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <i>13/8/18 - 08:00</i>	i-Motor Claim Form		
OD / TP: <i>Reporting Only</i>	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: *SAVJ415T* 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

<i>NA805064</i>	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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:-		
	Q1:*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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 ability.
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	14/08/2018 18:11
Date Of Accident	13/08/2018 08:00
Exact Location Of Accident	WOODLANDS AVE 12 AFTER JUNC WOODLANDS AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB2245M
Insured/Policyholder	
Name Of Registered Owner	KING JUICE MANUFACTURING PTE LTD
Co Reg No	200703810C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67525951

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL 3SEATER
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A28607995MKC
Cover Note Number	

Driver

Name of Driver	OOI KUN HOOI
Passport No/FIN	G6996349N
Date Of Birth	13/07/1992
Occupation	OUTDOOR
Date Of Driving Pass	13/03/2013
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91456976
Fax Number	
Contact Number	OFFICE-91456976
Email Address	NOEMAIL

Address 15 WOODLANDS LOOP
#01-18

Postcode 738322

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -
-
-

Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 4

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? YES

If Yes, Please state which Police Station

Police Station Name JURONG WEST NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2689999 - FAX NO: 62672438

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180813/2097.

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 SGV5410T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver YAP SEE WAI

NRIC/Passport Number S6869678Z

Contact Number 91280226

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJL937R
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver RAJESKHANA S/O CHANDRAN
NRIC/Passport Number S7738475H
Contact Number 82917907
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 4
Passenger 1
NAME: :
GENDER: :
Passenger 2
NAME: :
GENDER: :
Passenger 3
NAME: :
GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SCK4599U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver LEONG KAR WAI, MARC
NRIC/Passport Number S9024291A
Contact Number 82888916
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

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.:

SKETCH PLAN

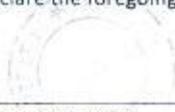


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

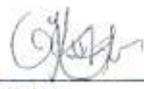
Refer to police report - 7/2080813/2007

DECLARATION

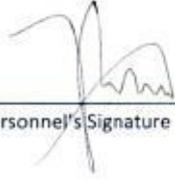
I/We declare the foregoing particulars are true in every respect.



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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 8 / 18) (DD/MM/YYYY), TIME: (08:00) (HH:MM)

LOCATION: Woodlands Ave 12 after junction Woodlands Ave 5.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: NBB 2245M
b) INSURANCE COMPANY: MUIH
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: work
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 6702595
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Dei Kun Hoi (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: N6996349N CONTACT: 9456976
c) ADDRESS: _____

*d) DATE OF BIRTH: (13 / 7 / 1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 15/3/2013

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)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: S6V5410T MODEL: _____

b) DRIVER'S NAME: Yap See Lai

c) NRIC/FIN/PASSPORT: S88696782 CONTACT: 91280226

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: SJL937R MODEL: _____

e) DRIVER'S NAME: Rajeskheha S/o Chandran

f) NRIC/FIN/PASSPORT: S77384754 CONTACT: 8219182917907

82885916

SCL4599U
Loong Kar Wei, Marc
59024291A

Email =

fax =

video =

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
(4)



Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	OOI KUN HOOI	ID No.	G6996349N
Related Vehicle	GBB2245M (Lorry)	Contact No.	91456976
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LEONG KAR WAI MARC	ID No.	S9024291A
Related Vehicle	SCK4599U (Car)	Contact No.	82888916
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	YAP SEE WAI	ID No.	S6869678Z
Related Vehicle	SGV5410T (Car)	Contact No.	91280226
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

CONTINUATION OF REPORT

Name	REJESHKHANA S/O CHANDRAN	ID No.	S7738475H
Related Vehicle	SJL937R (Car)	Contact No.	82917907
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 13/08/2018 at about 0800hrs I was travelling along Woodlands Avenue 12 and I wanted to filter to lane 1 of the road. I was blindsided by a big lorry in front and as I was changing lane, I was unable to stop in time to prevent my lorry from colliding with the rear of the car (SGV5410T) at lane 1. There was a chain collision whereby the said car collided with another car at the front which in turn collided with another car. No one was injured at that point of time.

Traffic police and ambulance arrived at scene. Paramedics checked the other passengers and drivers but none of them were conveyed to the hospital. Subsequently my lorry and the car in front of my lorry were towed away. The other 2 cars continued with their journey.



**SINGAPORE
POLICE FORCE**



T/20180813/2097

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

4 of 4

Report No. T/20180813/2097

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: J / Sr Staff Sgt MUHAMAD RIZMAN BIN SAMAD	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/08/2018 15:20
Officer In Charge Of Case: TP / GIT / Insp MOHAMMED FADZLY BIN ABDUL AZIZ Contact No.: 65476355	Classification Of Case:

Authentication Stamp
NP168


 Signature: 
 Singapore Police Force

SN 126

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
KING JUICE MANUFACTURING PTE. LTD.



Name
OOI KUN HOOI

Work Permit No.
4 03999873

Sector
MANUFACTURING




K0256536



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence No. **G6996349N**



OOI KUN HOOI

Date of Birth: **13 Jul 1992**
Issue Date: **21 Feb 2018**
Valid Till: **12/03/2023**

002775272B



VISIT PASS
Immigration Regulations 09-04-2019

Name
OOI KUN HOOI

File
G6996349N

Date of Birth
13-07-1992

Sex
M

Nationality
MALAYSIAN

Download SGWorkPass App to check status




YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	13 Mar 2013
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg or Motor vehicles which are not constructed to carry load or passengers and the unladen weight \leq 7250kg	30 Nov 2016

NP 428A

Licence No: **G6996349N**



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
 Tel +65 6827 7888, Fax +65 6827 7800
 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

COMMERCIAL VEHICLE**RENEWAL INVITATION**

Policy Number	Renewal Period of Insurance	Expiry Date	Place of Issue
A 28607995 MKC	26/09/2017 to 25/09/2018	25/09/2017	SINGAPORE
Name and Address of Insured			Date of Issue
King Juice Manufacturing Pte. Ltd. 15 Woodlands Loop #01-18 Singapore 738322			06/07/2017
			Client Number
			11200555
			Account Number
			156052
Premium	GST	Premium Payable	
SGD1,673.91	SGD117.17	SGD1,791.08	

RISK NUMBER 1**COMMERCIAL VEHICLE****BUSINESS**

Manufacturing

SCOPE OF COVER Comprehensive**INTEREST INSURED**

ITEM	0001	SUM INSURED	MARKET VALUE
REGISTRATION NO.	GBB2245M	NO CLAIM DISCOUNT	15.00% (or F/D)
MAKE/MODEL	Toyota Dyna 150 Manual Van	EXCESS	SGD500
ENGINE NUMBER	1KD1866282	WINDSCREEN	UNLIMITED
CHASSIS NUMBER	JTFAT35Y90K200074	ANNUAL PREMIUM	SGD1,673.91
YEAR OF MFG	2008		
CAPACITY	2 TONS		
SEATING CAPACITY	2 (INCL. DRIVER)		

AUTHORISED DRIVERS

Any other person provided he is driving on the Insured's order or with the Insured's permission.

LIMITATION AS TO USE

Use in connection with the Insured's business.
 Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.