

NATIONAL Assessment Centre Services Form 1 (Jan 2014) **MVA490474**

Date In: 26/06/2019 14:52	Job description	Date & Time Completed	Done by
Ref No: NBA/M841901/306/Y	SAS e-filing		
Veh No: GB55460D	E-mail (within 2hrs. AIG 2hrs)		
D.O.A: 25/06/2019 15:40	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (within: OD 2hrs. TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

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

TP Particulars: Veh No: **SLG4059B** 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

CLAIMANT'S PARTICULARS **X/190474**

Claimant's Particulars	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		Est. Bill	Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
Est. 1:	For claiming against INC Only (wef 10 Jan 2015)		
Est. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idem DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	*N3: Courtesy Car / Tpt 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		
	N12: Idem Mobile \$0		
	Invoice dated	For Charged	
	Invoice Ref	For 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	26/06/2019 14:52
Date Of Accident	25/06/2019 15:40
Exact Location Of Accident	CTE TOWARDS ANG MO KIO AVENUE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ5440D
Insured/Policyholder	
Name Of Registered Owner	THE OAKS CELLARS PTE LTD
Co Reg No	-
Email Address	LINDA@OAKS.COM.SG
Mobile Phone No	(LOCAL) +65-87668630
Alternative Phone No	OFFICE-62962111

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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	B 29125690 MKC
Cover Note Number	

Driver

Name of Driver	TEO WEI KEONG, WILSON (ZHANG WEIQIANG, WILSON)
NRIC No	S8023403A
Date Of Birth	08/08/1980
Occupation	INDOOR
Date Of Driving Pass	06/03/2003
Driving Experience	16 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87668630
Fax Number	
Contact Number	OFFICE-62962111
EMail Address	LINDA@OAKS.COM.SG

Address	BLK 288C PUNGGOL PLACE #12-831
Postcode	823288
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	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?	NO
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 SKETCH PLAN

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	SLG4059B
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA HWI WEN CATHERINE
NRIC/Passport Number	S7808593B
Contact Number	98434522
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.



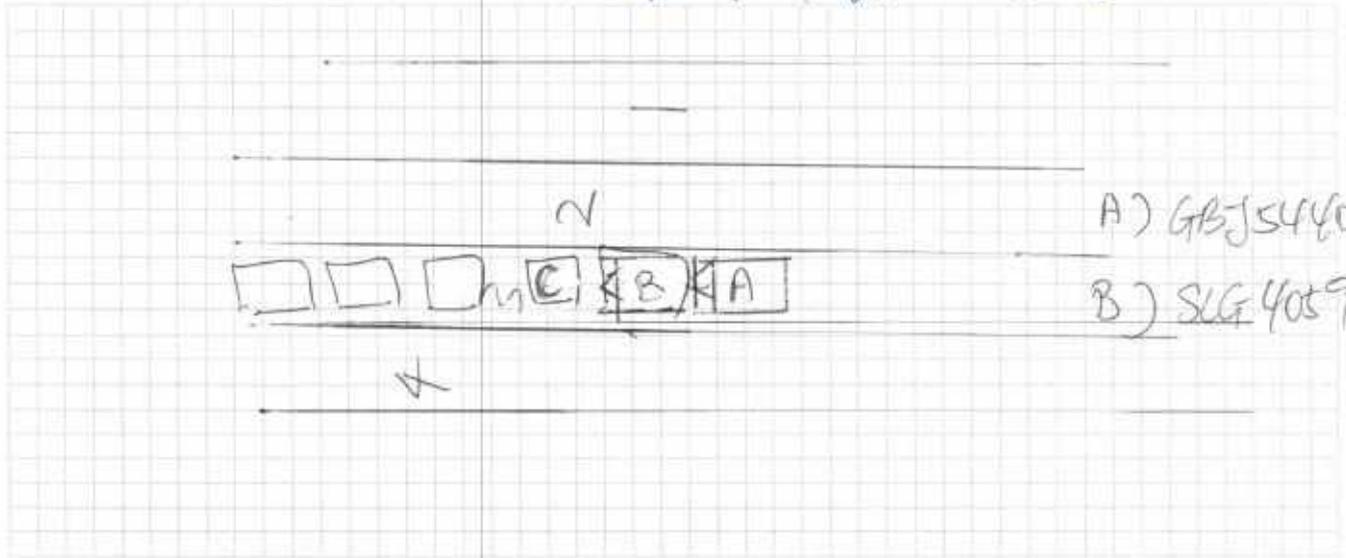
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 26/06/2019
10:10 AM

Reporting Centre Personnel's Signature
Name: *Rashid*
NRIC/FIN No.:

SKETCH PLAN

CRK TOWARDS Bally Mee KEO AVE S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I DRIVING ALONG AMK EXPRESSWAY TOWARDS TO AMK AVES
 SUPPARENTLY C VEHICLE JAM BROKE SO B VEHICLE ALSO JAM BROKE
 I ALSO JAM BROKE BUT TO LATE SO I HIT BACK OF THE B VEHICLE.

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: 26/06/2019
10:00 AM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

26/06/2019
 [Signature]
 [Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: 25.06.2019 (DD/MM/YYYY), TIME: 15:40 (HH:MM)

LOCATION: AMK EXPRESSWAY TOWARDS TO AMK AVES

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G85 5440 D
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: B 29125690 MKC
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA DYNA 1.5 SMT
f) TYPE: (SALOON / COUPE / MPV / VAN / LOBBY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: DELIVERY
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: TIE OAKS OAKS (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 62962111
c) ADDRESS: 315 OUTRAM ROAD TAN BOON LAY BUILDING
SINGAPORE 169074

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TEOW WEE KEVIN WILSON (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S 8023403A CONTACT: 87668630
c) ADDRESS: BLK 376 CLEMENTI AVE 4 #11-102
SINGAPORE 120 376

* d) DATE OF BIRTH: 16/06/1960 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 06 MARCH 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: SLG 4054 B MODEL: TOYOTA WISH
b) DRIVER'S NAME: CHAI HWI WEN CHAI KING
c) NRIC/FIN/PASSPORT: S 7808593 B CONTACT: 96474522

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: UNKNOWN MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
(including driver)
(1)

* No of passengers
(including driver)
(2)

* No of passengers
(including driver)
()

LINDA OAKS
email = Jack@oaks.com.sg
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8023403A



Name
TEO WEI KEONG, WILSON
(ZHANG WEIQIANG, WILSON)

张伟强

Race
CHINESE

Date of birth
08-08-1980 M

Country of birth
SINGAPORE



For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Electronic Number: S8023403A
Name:
TEO WEI KEONG, WILSON
(ZHANG WEIQIANG, WILSON)

Birth Date: 08 Aug 1980
Issue Date: 04 Jan 2010

001818072K



4813528

NRIC No. S8023403A



Date of issue
04-01-2010

APT BLK 288C PUNGGOL PLACE #12-831
SINGAPORE 823288

NRIC No: S8023403A

Date: 17/06/2012

No: 8981275

For LKK/NAC Use Only

TO DRIVE VEHICLES IN THE FOLLOWING CLASS (S)

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 3500kg

Licence No: S8023403A

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

**DUPLICATE COPY
 FOR FINANCE COMPANY**

COMMERCIAL VEHICLE

ENDORSEMENT

Policy Number		Period of Insurance		Place of Issue
B 29125690 MKC		23/05/2019 to 22/05/2020		SINGAPORE
Name and Address of Insured				Date of Issue
The Oaks Cellars Pte Ltd 315 Outram Road #12-09 Tan Boon Liat Building Singapore 169074				14/06/2019
				Account Number
				212732
Premium	GST		Total Due	
SGD0.00	SGD0.00		SGD0.00	

RISK NUMBER 1

COMMERCIAL VEHICLE

BUSINESS

Wholesale of liquor, soft drinks and beverages

FINANCIAL INTEREST

United Overseas Bank Limited
 as Hire Purchase Owners

SCOPE OF COVER Comprehensive

INTEREST INSURED

ITEM 0001
 REGISTRATION NO. GBJ5440D
 MAKE/MODEL Toyota Dyna 150 5MT
 ENGINE NUMBER 1KD2852919
 CHASSIS NUMBER JTFAT35Y60K2113056
 YEAR OF MFG 2019
 CAPACITY 1.75 TONS
 SEATING CAPACITY 2 (INCL. DRIVER)

SUM INSURED MARKET VALUE
 NO CLAIM DISCOUNT NIL
 EXCESS SGD500
 WINDSCREEN UNLIMITED
 ANNUAL PREMIUM SGD1,972.00

AUTHORISED DRIVERS

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