

**NATIONAL Assessment Centre Services** [Date: January] *MVA 99089505*

Date In: <i>08/07/2005 14:47</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NBA/MRG/9012111N</i>	SAS e-filing		
Veh No: <i>GPT 5460D</i>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <i>08/07/2005 16:15</i>	i-Motor Claim Form		
OD: TP <u>Reporting Only</u>	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: *UNKNOWN TERRY* 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 repairs.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks	(INC Hotline: 67886616)	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

*X/A/905110*

Claimant's Particulars	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		In Bill	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		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors Comments:	5) RT: Follow-Through Survey (Resurvey) \$30		
Cat. J:	6) TR: Re-inspection \$75		
Int. 2/3:	7) NI: Idau DA + SMRT Survey \$160		
1/1/1	8) NTUC Additional Services:		
	9) NI2: Idau Mobile \$30		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (NI1): TP (Non-INC) against INC \$20		
	Invoice date / Fee Charged		
	Invoice date / 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 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	09/07/2019 14:47
Date Of Accident	08/07/2019 16:15
Exact Location Of Accident	PIE NEAR TO PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ5440D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THE OAKS CELLARS PTE LTD
Co Reg No	199608586R
Email Address	LINDA@OAKS.COM.SG
Mobile Phone No	(LOCAL) +65-87668630
Alternative Phone No	OFFICE-62962111

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	OUTDOOR
Date Of Driving Pass	06/03/2003
Driving Experience	16 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87668630
Fax Number	
Contact Number	OFFICE-62962111
E Mail 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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	UNKNWON (COMMERCIAL VEHICLE)
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?	YES
If Yes, Please state which Police Station	
Police Station Name	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2789999 - FAX NO: 62786427
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190709/2069

#### 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	UNKNOWN
Vehicle Make/Model/Colour	MALAYSIAN LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## 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.



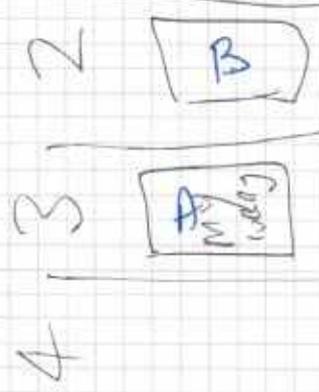
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

PIE NAKAR 70 PUYA LAPAR EXIT



- A) GRSJ 5440 D
- B) UNKNOWN MALAYSIAN LORRY

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Handwritten text, mostly crossed out with a diagonal line:*  
 028 REFUEL 20 PULCH P...  
 7/20/09/2009

DECLARATION

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



Policyholder's Signature  
Date & Time:

*Signature*  
 08/07/2009  
 17 25

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

*Signature*  
 09/07/2009

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

*Handwritten signature*  
 09/07/2009



**SINGAPORE  
POLICE FORCE**



T/20190709/2069

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

1 of 3

Report No. T/20190709/2069

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/07/2019 13:05	Vide Report No.:	Station Diary No.: 7
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**Informant's Particulars**

Name of Informant: TEO WEI KEONG, WILSON		Address: APT BLK 288C PUNGGOL PLACE #12-831 SINGAPORE 823288	
ID Type / ID No.: NRIC NO / S8023403A		Contact No.:	Mobile: 87668630
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 38	Date of Birth: 08/08/1980	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 08/07/2019 16:15	Type of Location: Expressway
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY PAYA LEBAR ROAD PIE near to Paya Lebar exit.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ5440D	Lorry	TOYOTA	DYNA 150	White	Slightly Damaged	0
	Lorry			White		0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20190709/2069

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

2 of 3  
Report No. T/20190709/2069

**CONTINUATION OF REPORT**

Driver			
Name	TEO WEI KEONG, WILSON		ID No. S8023403A
Related Vehicle	GBJ5440D (Lorry)		Contact No. 87668630
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
Driver			
Name	Unknown		ID No. NIL
Related Vehicle	(Lorry)		Contact No. NIL
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 the abovementioned date and time, I was driving my company lorry ( GBJ 5440D) at the said location. Along the destination towards Paya Lebar Rd exit, a white coloured Malaysian registered lorry which was travelling on my right side suddenly hit and grazed against the right side of my vehicle. I was unable to take down the said vehicle number.

As a result, my driver's right side mirror is damaged and there were scratches on its door. I am also unable to note down any details of the said driver or vehicle.

I am lodging this report for insurance claims purposes.



**SINGAPORE  
POLICE FORCE**



T/20190709/2069

3 of 3

Report No. T/20190709/2069

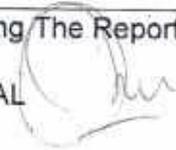
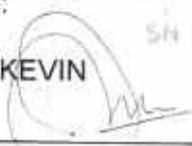
Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

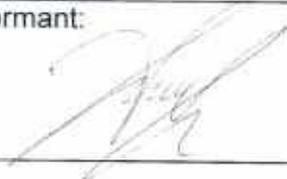
CONTINUATION OF REPORT

**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: E / Staff Sgt NORMAN BIN JALAL	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / Sgt.3 KOH CHEE SENG, KEVIN Contact No.: 65472073	 SH 069

Signature Of Informant:	
Date/Time: 09/07/2019 13:05	
Classification Of Case:	

Authentication Stamp  
NP168

SIGNATURE

# ACCIDENT STATEMENT

ACCIDENT DATE: (08 / 07 / 2019) (DD/MM/YYYY), TIME: (16 : 15) (HH:MM)

LOCATION: PIE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 9BS 5440 D  
b) INSURANCE COMPANY: MSIA  
c) POLICY NUMBER: # B29125690 MKC  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: 2010 TOYOTA  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: DRIVER  
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: THE OAKS (CAVOR PIA LTD) (MALE / FEMALE)  
B) NRIC/FIN/PASSPORT: 19960580R CONTACT: 62962111  
C) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: THEO WIK HEANH WILSON (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S21234037 CONTACT: 87068630  
c) ADDRESS: BLK 376 CLEMENTI AVE 4 #11-102. Singapore 170374

\* d) DATE OF BIRTH: (06 / 16 / 1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 06 MAR 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: UNKNOWN MALAYSIAN MODEL: LORRY  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

\* No. of passengers  
(including driver)

(1)

\* No. of passengers  
(including driver)

( )

\* No. of passengers  
(including driver)

( )

email = Linon@OAKS.com.sg  
VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8023403A



For LKK/NAC Use Only

TEO WEI KEONG, WILSON  
(ZHANG WEIQIANG, WILSON)

张伟强

Race  
CHINESE  
Date of birth  
08-08-1980 Sex  
M  
Country of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8023403A

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

For LKK/NAC Use Only

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

001818072K

4513928

NRIC No. S8023403A

For LKK/NAC Use Only

Date of issue  
04-01-2010

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

NRIC No: S8023403A Date: 17/06/2012 No: 0081275

PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES:

Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg

06 Mar 2010

For LKK/NAC Use Only

Licence No: S8023403A

**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 JTFAT35Y60K213056  
 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.