NATIONAL Assessment Con	utre Services. put	sarios. MUAYL	9055489	
Date In: On OU SOIS 1826	Jeb description	Date &Time	Completed . D	oue pi.
Ref No: NURA / AZG 1500 7627 /	SAS c-filing			
Veh No. CTR 5180 S	E-mail (highin stars, /	AIC 2lurs)		7
0.0A: 27/64 DOG 15:1	i-Motor Činim Fo		1 .	
- 100 Taled 12.1		hlat OD 2lits, TP 4hrs).		:
OD (IP) Reporting Only	I-Photo Uploaded			
	Assessment/Survey			
TP Insurer:		x/Hand to Owner/Wks	2	
Preferred Wksp / INC Assign Wksp / QW:	AND DESCRIPTION OF THE PARTY OF	Teli	Faxt	1
TP Particulars: Veh No:	SON SULLE B	NC()/Non-R	IC(), .	
Owner / Driver: (MUGECTO	Tel:)
Policy No: ()	Period: () Cover Type	:()
Confirmed by ; (, D	Mark 4	ner)
	6) [Note-Est. Status (WO)	: N: 0-20%; P: 21-7	9%. P; 80-100%]	
Year of Registration: (/NO()		
	\$1,000()/\$2,000()	GYP THE COTOL CO	THE RESERVE OF
General Halle Extension World	通的例如於亞洲沙亞斯	于10.60。10.7HE 20.67HE 24.57	1985年2月300ch 5	11.7
() Walk-In Customar : Customer's	Information strictly Confide	ential & Strictly NO refe	of repairer.	
() Total Loss Case : to e-mall I	nsurer URGENTLY.	1 11-	· .3	
Drive-In ()/Towed-In (); In	voice: YES () / NO	(); Towing Co: (1	CHAPTER CONTRACTOR OF THE PERSON OF THE PERS
	PROFESSION OF THE PROPERTY.	Type of the second	证明的可以	(Exons)by · ·
1) Apply for Transport Allowance () / Courtsy Car ()			
2) QC Check / Post Repair Inspection	(·)			
3) Upload Resurvey Photo [Repair Cos	()			
Injurý :			1	7
777-77.	ENSTRUMENTAL PROPERTY OF THE P		是自然的意思	SAME .
Butstanni saahannasi saaban	ALL ASSESSED TO THE REPORT OF THE PARTY OF T	CALIFORNIA DE CALIFORNIA DE LA CONTRACTOR DE LA CONTRACTOR DE CALIFORNIA DE LA CONTRACTOR DE CALIFORNIA DE CALIFOR	EMIRODICAL CONTRACTOR	·
	SHOWAY SHOWS THE THE	anas sermenosinies va	NZ SVOJEN	Colon N. Alicetti
NA1903194 "	,	Marke Malling Man 18		Majish wadali
za da		Part Contractor of the Contractor	30); 100); INC (310)	
CHI THINGS ON THE STATE OF THE	7	TV: Towing Fee FT: Fellow-Through Survey	\$40/\$45 \$120	
Driver/Owner:		the transfer of the second	(Resurvey) \$30	
Contact No:		Parsisiming against ING Out) TR: Re-imposition	A CONTRACTOR OF THE PERSON NAMED IN COLUMN 1	
Damaged Portion:	17	WI I Idao DA + SMRT Surve	y \$160	
		NTUC Additional Services:	35	
QC Checked by (Engr-In-Charge):	ucec in in	NS: Courlety Car/ Tot Alto	20000000 SIG	+80 9EG-61
TO DATE SIMPLEON SERVICE STATES	THE THE TANK THE TANK THE	Table Best Being Instinction	ordination 55	
Additions Comparing 19	次之 ² 公司就附近为3000年的当	TP(N(1)) TP (Non INC)		ITS- PLHG -
A STATE OF THE PARTY OF THE PAR		9) NIII Ideo Mobile		EMMED &
3#17!		Involve dated	Fee Charged Fee Charges	13/1/24

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 witholding 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.
- 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.

TOTAL COLUMN	ACCIDENT STATEMENT
Date Of Report	29/04/2019 18:06
Date Of Accident	27/04/2019 15:15
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT NEAR TOA PAYOH STADIUM
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR5180S
insured/Policyholder	
Name Of Registered Owner	MARIC & PARTNERS PTE LTD
Co Reg No	201620701N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94880720
Alternative Phone No	OFFICE-94880720
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC-1.6 L (A)
Exact Purpose for which vehicle was being used at time of accident	4 North April 2007 Charles #20.00
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE, LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	999994147
Cover Note Number	
Driver	
Name of Driver	TUNG JIA WEI
NRIC No	S9520836C
Date Of Birth	19/06/1995
Occupation	OUTDOOR
Date Of Driving Pass	02/01/2015
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94880720
Fax Number	
Contact Number	OTHERS-94880720
EM-3 Add-ss-	Particular School Co.

NOEMAIL

Address

BLK 626 PASIR RIS DRIVE 3

#13-302

Postcode

510626

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

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 (including own vehicle)

involved in the accident

6

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

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)

2

Passenger 1

NAME:

: PASSENGER

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police? If Yes, Please state which Police Station

YES

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190429/7004

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGV8444B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKT9539T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SHC3523C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

SLS9301E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number

SJE1554S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TUNG JIA WEI

Approximate Age

Injuries Sustain

SERIOUS INJURY

Injured person in which vehicle?

SJR5180S

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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 Ste

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

SKETCH PLAN

PIE Changi New TPY Stadium

A-SJR 5180S B - . SON 8440 S C - SKT 95397 O - SHC 3523 C E - SLS 9301 E F - SJE 1554 S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	stated date and time, I vehicle A stopped as the vehicle
	f me stopped. Suddenly I felt a strong impact from m
ear. Vehic	de is hit automy vehicle rear portion. The impact is so
ruge it	caused my vehicle to proper forward and hit onto
vehicle F	. After I alighted I recliced Im involved in a 6
car chai	n collision.
Piliu	HIPORT 1/2019/04/28/7004

DECLARATION

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

Policyholder's Slyre

Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

NRIC/FIN No.:





1 of 3

Report No. T/20190429/7004

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

REPORT O	F A TRAFFIC	Love Branch				
Date/Time Report Made: 29/04/2019 11:20			Vide Report No.:	Station Diary No.		
Informa	nt's Particu	ilars				
Name of Informant: TUNG JIA WEI			Address: APT BLK 626 PASIR RIS DRIVE 3 #13-302 SINGAPORE 510626			
ID Type / ID No.: NRIC NO / S9520836C Nationality: SINGAPORE CITIZEN		36C	Contact No.: Home/Office: Mobile: 94880720			
		EN	Email: wesleytung95@gmail.com			
Sex: Male	Age: 23	Date of Birth: 19/06/1995	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: DRIVER			Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/04/2019 15:20	Type of Location Straight Road
Location: PAN ISLAND Weather: Clear	EXPRESSWAY	Road Surface: Dry		Road Speed Limit:
Traffic Flow: Traffic Control: One Way Not Controlled			Traffic Volume: Moderate	
Type of Collis	sion: ving Vehicles - Hea	d To Rear		Anyone conveyed by ambulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGV8444B	Car B					0
SHC3523C	Car D					0
SJE1554S	Car F					0
SJR5180S	Car A					0
SKT9539T	Car					0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20190429/7004

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLS9301E	Car ¿					0

Details of Perso	n Involved			Total Control	Selvi.	
Any Pedestrian Ir	nvolved: No					
No. of Pedestrian	Use of Pe	Use of Pedestrian Crossing; NA				
Driver					COLUMN TO SERVICE SERV	
Name	Tung Jia Wei			ID No.		S9520836C
Related Vehicle	SJR5180S (Car)			Conta	ct No.	94880720
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	27/04/2019 Date Dis			harge	27/04	/2019
No. of Days gran	ted Medical Leave	03	Degree of	f Injury	Serio	us
Driver		BUILD !				
Name	TUNG JIA WEI			ID No		S9520836C
Related Vehicle	SJR5180S (Car)			Contact No.		94880720
Hospital/Clinic	LILY AW PASIR RIS FAMILY CLINIC & SURGERY			Class Drivin Licen Expin	9	Class: NIL Date of Expiry: NIL
Date Treatment	27/04/2019		Date Disc	harge	27/04	/2019
No. of Days gran	ted Medical Leave	02	Degree o	f Injury	Serio	us

Brief Details.

On the stated date & time, I Vehicle A (SJR 5180 S) stopped as the vehicle infront of me stopped. Suddenly i felt a strong impact from my rear. Vehicle B (SGV 8444 B) hit onto my vehicle rear portion. The impact is so huge it caused my vehicle to propell forward and hit onto Vehicle F (SJE 1554 S). After i alighted i realised i am involved in a 6 car chain collision.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20190429/7004

CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/04/2019 11:20
Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65472076	Classification Of Case:

Email: Sm@ idac.com.sg Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars o	f Owner & Driver (Vehicle A)
Date of Accident: 27/4/19 (dd/mm/yy) Tim	ne of Accident: 15 : 18 (24-HR-FORMAT)
Vehicle No. : SJR S 1805 Vehicle Make & M	
Exact location of Accident: PIE Changi	Near TPY Stadium
Policyholder's Name / IC No. MARIC & PART	NERS PTE. LTD. 201620701N
Driver's Name / IC No.: TUNG DIA WEI	
Driver's Contact No.: 94330720 Co	ompany Contact No:
Oriver's Address: 9 TAGORE LANE #03-04 9 (@ TAGORE S(787472)
AIC	l address (if any):
Relationship between Owner & Driver: Hirer	or Others specify:
Vhat do you wish to claim? (Please TICK one onl	y)
Own Insurance / Other Vehicle (The one you wa	unt to claim against) / Reporting (For Record Purpose)
xact purpose for which the vehicle	
/	Occupation (nature of job) Induor/ Outdoor
	No. of Passengers (Including Driver):
Passenger Name: Grab Passenger	Gender:
Passenger Name :	Gender:
Weather condition & Road conditions? (On the day of	NOTIFIED TO STATE OF THE PROPERTY OF THE PROPE
	n & Wet / Drizzling & Wet / Others:
Vas there any video captured by your Car Camera?	
ny Injuries: Yes / No (If YES) Injured Per	rson' Name: Tung Ita Wes
njuries Sustain: Leey	Injured Person in Which Vehicle: 57 R 51 80 5
olice Report filed: Yes / No (If YES) Wi	101111111111111111111111111111111111111
	SGV 8444 B
	er Party(s) Details:
Driver's Name / IC No:	Vehicle No:SK_T 95391 (
	Insurance Company (If any):
Driver's Name / IC No:	Vehicle No: SHC 3523C
Driver's Contact No:	insurance Company (If any):
Independent Witness (If Any):	Contact No: SLS 7301E
	Contact No:
All to make documents are produced TDAC should not file the prove-	Information will be discarded after one week. SJE 1554 S

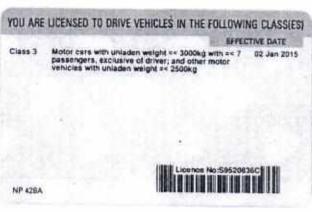














CERTIFICATE OF INSURANCE

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, 1989 (MALAYSIA)

M.Z.400

(The below excess is subject to GST)

THIRD PARTY FIRE & THEFT

3\$1500.00 (Sect II)

CERTIFICATE NO.

5JR5180S

COMMERCIAL MOTOR

WINDSCREEN EXCESS

POLICY NO.

999994147

SUM INSURED

POLICY EXCESS

Market Value

INSURING WITH COE/PARF SJR5180S

YES

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

MARIC & PARTNERS PTE LTD

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

4) DATE OF EXPIRY OF INSURANCE

25 April 2019

24 April 2020

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the Insured's order or with their permission

551,500.00 Section II Excess is applicable for driver who is between 23 years to 70 years old with minimum 2 years driving experience in Singapore.

An additional section II excess of \$1,000.00 per accident is applicable in the event of an accident occurring outside Singapore.

Accident repair can be carried out at AIG appointed list of workshop or Manufacturer workshop within 3 years warranty.

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

6) LIMITATION AS TO USE"

- 1) Use for social, domestic, pleasure purposes and business purposes of insured
- Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-testing, 2) Use whilst drawing a trailor except the towing (other than for reward) of any one disabled mechanically propelled vehicle, 3) Use for any purpose in connection with the Motor Trade.

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

"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.

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

Issued in Singapore 26 Apr 2019

500656-000 Cowell Insurance (Agency) Pte. Ltd. 8 Burn Road #09-09 Trivex Singapore 369977

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL