Date In: 23/19/19-16:29	Jeb descripti	OII	Date &Tin	ne Completed	Do	ne by
Ref No: LIA INC 190 28 73 24	SAS e-filin	g				
Veh No: JICRSTEGGA	E-mail (with	ia Shrs, AIC 2hrs)				
D.O.A: 20/19/19-19:17	i-Motor Cl	aim Form	. Malia 65	8148-20V	23/10/10	16 de
OD / TP.) Reporting Only	i-Motor W	/O (Within: OD 2hr	-			19.41
OD 7 (17) Reporting Only	i-Photo Up	loaded			/	,
TP Insurer:	Assessment/	Survey Report	1			
	Ass't Report	by Fax / Hand t	o Owner/Wk	<u>sp</u>		
Preferred Wksp / INC Assign Wksp / QW: (Tol:	F	ax:	ecakii.kk
TP Particulars: Veh No: Who	บางป	, INC()/Non-I	NC()	7	- NB
Owner / Driver: (Tel:	1)	
Policy No: () F	eriod: ()	Cover Type	e: ()	
Confirmed by: (Water Statement Brooks	Date:	T	ime:)	
Insured/Driver Liability: (%)	[Note-Est. Status	(WO): N: 0-20	0%; P: 21-7	9%. F: 80-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1,	,000 ()/\$2,00	0()				
General Remarks:-		10 m			Court A	o 00 \$
() Walk-In Customer: Customers inf	ormation strictly Co	onfidential & Str	ictly NO refe	r of repairer.		
() Total Loss Case : to e-mail Insu	THE RESERVE ASSESSMENT AND ADDRESS OF THE PARTY OF THE PA				-	2.70.00
		7		,,		
Drive-In ()/ Towed-In (); Invoice	e: YES () /	NO(); To	owing Co: (3520)
Cemarks: (INC hotline: 6788 6616)	10 Tark		Date&Timo	Completed !!	Don	by
	AND PLANT COLUMN THE PROPERTY.)	Date&Time	Comple ad	Don	by
Apply for Transport Allowance ()/	Courtesy Car ()	Date&Time	Completad	Don	by
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection	Courtesy Car ()	Date&Time	Completed	Don	s by
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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 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	23/10/2019 16:29
Date Of Accident	22/10/2019 09:10
Exact Location Of Accident	BUANGKOK GREEN
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKR5599G
Insured/Policyholder	
Name Of Registered Owner	APP CONTENT & CONCEPTS PTE LTD
Co Reg No	201112821K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64436228

Vehicle Particulars

TOYOTA Manufacturer

VIOS G GRADE AUTO Model

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?

If No. Please state action to be taken

THIRD PARTY

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5106608196

Cover Note Number

Driver

MATTHEW TAN LIM HOO Name of Driver

S7001763F NRIC No. 13/01/1970 Date Of Birth OUTDOOR Occupation 23/07/2003 Date Of Driving Pass

16 YEARS AND 2 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-97102135 Mobile Number

Fax Number

OFFICE-97102135 Contact Number

NOEMAIL EMail Address

BLK 571 HOUGANG STREET 51 Address

#12-117

530571 Postcode

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

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions WET Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

4

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

NO

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

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

TEL NO: 65470000 - FAX NO:

Police Station Address SINGAPORE

Police Station Contact Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191022/7009.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

GBC2120J Vehicle Registration Number

Vehicle Make/Model/Colour

RENAULT

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

CHUA SENG HENG 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

SLD7926U

Vehicle Make/Model/Colour

MAZDA

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

WILLY WIJAYA

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

SHA5318B

TAXI

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

ANG THIAN YONG

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MATTHEW TAN LIM HOO

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SKR5599G

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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.
- Information provided must be as truthful and eccurate as possible. Any wilful misrapresentation or withholding of material facts may allow inspirance companies to repudiate policy flability.
- The issue and acceptance of this form by inturance companies is not an admission of policy liability on the part of the insurance
 companies.
- 5. Any false recoming may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Control 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.
- 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.
- S. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 onpossessed 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/Jaw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - processing, hendling 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) administrating my claims (including the mailing of correspondence, statements, involves, 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, fixed-ling 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
- (i) my Personal Information may/ran be disclosed by any of the insurers and/or GIA to their third party sandop providers or agents (including their lawyers/ aw firms), which may be sited outside of Singaporo, for one or more of the above Purposes.
- (b) my Personal information will also be coffected and used to compile cisims history for the purpose of freud detection, invastigation and management in present and all future cisims.
- ie) the information so collected under (d) above may be stated / 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.

Policytologra Signature Oste & Time:

Driver's Signature (If driver is not the policyholder) Date & Timé: Reporting Contre Personnel's Signature

KRIC/FIN No.:

SKETCH PLAN		
	Ven A: SX25599G Ven B: GBC277GJ Ven B: GBC277GJ Ven C: SUU7926U Ven D: SHAS318B	
DESCRIBE CIRCUMSTAN		
- Re	fer to police Report -	
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<u> </u>	The state of the s	-
DECLARATION AND SOME	actikulars are trua in every respost.	
Policyholder's Signature Date & Timer	Oriver's Signature Reporting Centre Personnel's Signature (If driver is not the policyholder) Name:	ore

Date & Time:

MRICATIN No.:

	4 loam
Date of Accident	72/10/2019 Accident Time: 91- (24-HR-Format)
Accident Place	Buany kalc Green
Vehicle Reg. No. (Car Plate No.)	SKR 5599 G
Vehicle Make/Model	Tayota Vios
lasurance Company	N+4C Policy No
Owner or Company Name /IC No.	: App content & concepts Pte Utol.
Owner or Company Contact No.	. 64436278 Owner's HpCompany Tel
DRIVER'S Name / IC No.	Mathew Tan Lim HOO
DRIVER'S Date Of Birth	: 15/1/1970 DRIVER'S License Pass Date 23 Jul 200 3
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee Others:
DRIVER'S Address	571 Hongary Street 51 #12-117
DRIVER'S Contact No./ Alt No.	:1) 9710 2135 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	:_ Admin@Mycar.sg
Weather & Road Surface	: CLEAR & DRY\RAINING & WET\AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including I	Oriver):
Was there any video Captured by o Exact purpose for which vehicle w	car camera YES NO las being used at the time of accident: Private use \ Work purpose
	Party Driver's Particular (if anv)
Vehiclo Reg. No: GBC 212	
Vehicle Make Model: Rendu	
Name Driver: Chun Se	ng Hand Name Driver: Willy Wijaya
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:
	(D) First Car taxi (confut)
	SHA 5318B
	Ann Thian Young

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1 of 3

Report No. T/20191022/7009

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

REPORT C	F A TR	AFFIC /	ACCIDENT
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Date/Time Report Made: 22/10/2019 11:56			Vide Report No.:	Station Diary No.:			
Informa	nt's Partice	ulars	2000年 - 1700年 - 1800年				
Name of MATTH	Informant: EW TAN LI	м ноо	Address: APT BLK 571 HOUGANG ST 530571	REET 51 #12-117 SINGAPORE			
ID Type NRIC NO	/ ID No.: O / S70017	63F	Contact No.: Home/Office:	Mobile: 97102135			
National SINGAP	ity: ORE CITIZ	EN	Email: matthew@appccpl.com				
Sex: Age: Date of Birth: Male 49 13/01/1970			Type of Informant: Driver				
Race: Chinese			Language: English	Institution / School Name:			
Occupat	tion: NY DIREC	TOR	Driving Licence Information: Class: Date of Expiry:				

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/10/2019 09:10	Type of Location Straight Road		
Location: BUANGKOK Weather: Clear	GREEN	Road Surface: Wet		Road Speed Limit:		
Traffic Flow:		Traffic Control: Not Controlled	-	Traffic Volume: Moderate		
One Way			100			

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBC2120J	Car		1000			0
SHA5318B	Car	-				0
SKR5599G	Car				Slightly Damaged	0
SLD7926U	Car					0





2 of 3

Report No. T/20191022/7009

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

CONTINUATION OF REPORT

Details of Perso		· 10 10 10 10 10 10 10 10 10 10 10 10 10				
Any Pedestrian In No. of Pedestrian	and the second s	Use of Peo	destrian	Cross	ing: NA	
Driver		televiole 11 de 5				
Name	MATTHEW TAN LIM HOO		ID No.		S7001763F	
Related Vehicle	SKR5599G (Car)		Contact No.		97102135	
Hospital/Clinic	NIL		Class Driving Licend Expiry	e &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	harge	NIL		
No. of Days gran	ted Medical Leave 05	Degree of	Injury	Sligh	t	

Brief Details.

On the stated time and date, I was driving my vehicle SKR5599G at buangkok green towards ang mo kio

My vehicle is stationary, suddenly I felt a great impact from my rear and realize GBC2120J had collided to my rear, the impact is so huge that my vehicle propelled forward and collided to the vehicle SLC7926U infront of me

I went down and realize I was involved in a chain accident involving of 4 vehicle.

1st vehicle - SHA5318B 2nd vehicle - SLD7926U 3rd vehicle - SKR5599G 4th vehicle - GBC2120J

I felt uncomfortable and consult a doctor and got 5 days MC.





Police Station Of Origin: Traffic Police 10 Util Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20191022/7009

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: 22/10/2019 11:56
Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND CO	OMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND CO	OMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	1900

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5106608196

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: 5KR5599G

Chassis Number

: MR2BT9F3701000070

2. Name of Policyholder

3. Effective Date of Insurance

: APP CONTENT & CONCEPTS PTE LTD

: 26 Dec 2018

4. Expiry Date of Insurance

: 12 Feb 2020

Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her 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.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession,

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1) : \$\$600 **EXCESS (SECTION 2)** : N/A WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : MATTHEW TAN LIM HOO NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/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)

Agency

: SHIRLEY TAY MIN CHOO (00000518893)

Date of Issue

: 25 Dec 2018 00:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech										Genera	lClaim
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	MATTHEW TAN LIM HOO		Driver Type	Main Driver						
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1	NAC_PAYA_UBI_BD0601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Oct 2019 16:42		Photos		Normal	Photos 2	019-10-23		
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数数	NAC_PAYA_U61_800601(NATION CES) on 23 Oc	AL ASSESSMENT CENTRE SERVI 1 2019 16:42	NRIC/ Driving License	Y	Normal	NRIC/ Driving Lic	NRIC/ Driving License 2019-10-23		
tachment	Uploaded By/Date		Category	8	Urgency	Desc	ription	(00)	