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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.

rchiving and that copies of this report will, for a fee, be made avoid. By the lodgement of this report to the insurers, you hereby conseit foresald.	able upon application by interested paradet int to the archiving of this report at the centre and to copies of the report being made available
bresen.	ACCIDENT STATEMENT
Date Of Report	19/12/2018 15:23
Date Of Accident	18/12/2018 09:00
Exact Location Of Accident	DEMPSEY (72 LOEWEN ROAD 248848)
Country/State of Loss	SINGAPORE
Distriction of Education	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKN2295Z
Insured/Policyholder	
Name Of Registered Owner	HUBER ANDRE RUDOLF
NRIC No	S8001144Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82881833
Alternative Phone No	OTHERS-92261833
Vehicle Particulars	
Manufacturer	HONDA
Model	ODYSSEY-2.4 EXV (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100095382
Cover Note Number	
Driver	
Name of Driver	HUBER BELINDA @ BELINDA TRAN
NRIC No	S8260556H
Date Of Birth	26/05/1982

26/05/1982 Date Of Birth INDOOR Occupation 21/08/2009 Date Of Driving Pass

9 YEARS AND 3 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-92261833 Mobile Number

Fax Number

OTHERS-82881833 Contact Number

NOEMAIL EMail Address

Address

22 GOLDHILL AVENUE

Postcode

309050

Was driver an employee of the Insured's Company

NO VI

If No, Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

3

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident

COLLIDED INTO PARKED VEHICLE

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

NO

Was any body injured in the Accident?
Was any injured conveyed to hospital by

HARR

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

...

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 3

Passenger 1

NAME:

HAYLEY HUBER

GENDER:

: FEMALE

Passenger 2

NAME:

: ASHLEY HUBER

GENDER:

: FEMALE

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

SKT1702R

Vehicle Make/Model/Colour

WOLKSWAGEN TOURAN

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

JOHANNA CORRY GRIER

NRIC/Passport Number

G5443717Q

Contact Number

Address

Postcode

Page 2 of 15

SKETCH PLAN

eh A SKN 22952

Vehr: SKT 1702 R

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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)
 - (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
- 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.
- 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.

** I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL CHECK MY POLICY FOR MORE DETAILS.

Polityholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I reversed my Car to parking lot, hard way in I felt an impact on my left year. I got out of the Car and Saw that the Vehicle B Car door was Opened. I did not See an opened Car door while I was vevering. I also

l vaversed left veni.	190	t ou	4 of	the	Gr	an	d s	w th	at .	the	Vehic	le B	Car	door	Was
Opened. I did not in the bo	See	а	See driver	an in	opa	car	Car	door	While	an	Unbi	is ve	versing pas	. l seng	als o er

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:

19/12/14

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

Claim Handling

						GST Registration No.				
icy No.	5100095382		vyticle No.	SKN22952						
uncate No.						Pulicyholder NRIC		580011447		
icyholder Name	HUBER ANDRE RUDOLF		Vine Co.	drive PREMIUM		Loading		0		
ntuct Code	PRIVATE CAR INSURANCE		Cover Type:	mor less		Contact No.(Home)				
ntact No.(Mobile)	82981423		Corract No.(Office) Special Remark			wCode		No. *		
nall Address			TCA	a flag Year		eCode Reason				
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Policyholder Malling Add			Address 1	SINGAPORE 309050		Address 3				
Address 1	22 GOLDHILL AVENUE		Address Type	Singapore address		Foot Code		3119250		
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unit No.										_
OI Driver Info	HUBER BELINDA & BELING	TATEN	Driver Type	Named Driver				STATE OF THE PARTY.	4-1	
Driver Name	NOBEK BETIMON & BETIME	270. NOTO.	Driver NRIC	5826055644		Dever DOB		28/05/198	255	
Unnamed driver Name.	at the second		Driver Age	36		Driving Experien		17		
Register Date of Driver License.	51/81/2001		Contact No. (Office)			Contact No Chier	re)			
Gentact No.(Mottile)	92201833		Address 2			Address 3				
Address L			Address Type	Foreign address		Fost Code				
Actions 4			(WEDGALTSWO)							
				SKN22957		Drivet Insurer C	ompany	MTUC		
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	Vas. + No U mg		Disver Vehicle No.	Yes + No						
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NAC_BURIT_MERAH 800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 19 Dec 2018 16:25 Photos 2016-12-19

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Normal

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Photos 3018-13-19

SAE 2018-12-19

NAC_BURIT_MERAH_BOOGFIE(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 19 Det 2018 18:25

NAC_BURIT_MISAH_R00076(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 19 Dec 2018 18:25 #hotos 2016-12-19

NAC_BURIT_HERAM, \$00478(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAM)) on 19 Dec 2018 16:25 Phonis 2018-12-19

NAC_BURIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 19 Dec 2018 18:29 Photos. Photos 2018-12-19 MAC_BURIT_MERAH_BOSS76(NATIONAL ASSESSMENT CENTRE SERVICE 8 (BURIT MERAH)) on 19 Dec 2016 16:28 LAS

NAC_BURIT_MERAH_900676(NATIONAL ASSESSMENT CENTRE SERVICE \$ (BURIT MERAH)) on 19 Dec 2016 18-25

NRIC/ Driving License NREC/ Driving License 2018-12-19

Uploaded By/Date Polaer Date Pile Name Source Display in New Window | Stan and upleading

Accord Auto Services Pte Ltd Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com Particular Of Insured/Driver & Details Of The Accident (3 Motor Accident Report *Time of Accident: 9: Warm *Date of Accident: 18 12 18 (72 Loewen road 248848) *Accident Location: Dempsey Vehicle Details * Make & Model: Honda odysicy 2.4 EN-S *Vehicle Number: SKN 2295Z Insured / Policyholder *NRIC: S80011442 *Owner Name: Andre Huber 5309 050 *Address: 22 Gold hill AVR * HP: 82881835 *Email: (Indoor / Outdoor) * Tel /H /Other: *Occupation: In dasr Driver () same as above *NRIC: S8260556 H *Driver Name: Belinda Huber *Address: 22 Goldhill Ave * HP: 9226 1833 *Date of Birth: 20 05 82 *Driving Pass Date: 21 08 09 *Gender: Male / Female *Email: AIL _____(Indoor / Outdoor) * Tel /H /Other:_____ *Occupation: Indoor *Driver an employee: Yes / No (*If no, what is relationship with the policyholder:_____ Passengers Details (Male/Female) * P/Name: _____(Male/Female) tuber * P/Name: Hayley (Male/Female) * P/Name: (Male/Female) * P/Name: Ashley Huber Insurance Company *Coverage: C / TPFT / TPO *Policy No: _____ *Insurer: NTVC Detail of other vehicle / Property 2 Detail of other vehicle / Property 1 Vehicle No.: Vehicle No .: SKT PTOZR Make & Model: Make & Model: Volkswagen Jouran Vehicle Category: Vehicle Category: Name of Driver: Johanna Corry Name of Driver: NRIC : NRIC : 45443717 Q No. of Passengers (Including Driver):_____ No. of Passengers (Including Driver): 1 For Official Use Only *Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims) General Information of the accident *Type of accident: Head-Rear / Side swipe / others: Kaverce hit outo To Car *Any video cam: Yes (No) *Weather conditions: Clear / Raining / others: _____ *Road Surface: Pry / Wet / others: ______ NRIC :______ HP:____ *Witness: Yes / 🔞 (Name: *Accident reported to police: Yes / Summon against whom: _____ *No. of passengers (include driver): *Injured party: Yes / NO *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No -I/Name: *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

-I/Name:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8260556H



HUBER BELINDA @BELINDA TRAN

VIETNAMERE 26-05-1982 AUSTRALIA







*181284

-- 58260556H



AUSTRALIAN 30-12-2011

22 BOLDHILL AVENUE SINGAPORE 309050 HRIC No: SR260956H

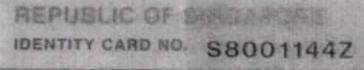
Date: 25/08/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

BRECOVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, excitative 31 Aug 2009 of the driver; and other motor vehicles =< 2500kg











HUBER ANDRE RUDOLF

Race

CAUCASIAN

Date of Sirth

25-01-1980 M

Country of birth

SINGAPORE

dix:

SHOU MAIN

4523277



MIC No. SB001144Z



05-02-2010

22 GOLDHILL AVENUE SINGAPORE 309050

Date:

2010012015



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, 1959 (MALAYSIA)

Certificate Number: 5100095382

Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle

: SKN2295Z

Chassis Number

: JHMRC1890EC201806

2. Name of Policyholder

: HUBER ANDRE RUDOLF

3. Effective Date of Insurance

4. Expiry Date of Insurance

: 26 May 2018

: 25 May 2019

5. 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

UNNAMED DRIVER EXCESS

- (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 (Maiaysia), are not to be included under these headings.

EXCESS (SECTION 1) : 5\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : S\$100 ADDITIONAL EXCESS : N/A

REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE : NO : NO

NCD PROTECTION TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : HUBER ANDRE RUDOLF

NAMED DRIVER (1) : HUBER BELINDA @ BELINDA TAN

NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A

SUM INSURED : MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PARF

VALUE AT TIME OF LOSS

: PLEASE REFER OVERLEAF

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

: INSUREMYCAR.COM.SG (00000615275)

Date of Issue

: 02 May 2018 09:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive