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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.

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.

aforesaid.	u hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	15/04/2020 17:32
Date Of Accident	14/04/2020 18:15
Exact Location Of Accident	KATONG GARDENS TEMBELING ROAD
Country/State of Loss	SINGAPORE
<b>美国国际中国国际</b>	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH8982C
Insured/Policyholder	
Name Of Registered Owner	RODRIGUES ADRIAN JEROME
NRIC No	SXXXX684J
Email Address	ADRIANRODRIGUES75@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87836633

Alternative Phone	в No
Vehicle Particul	ars

Manufacturer	HONDA
Model	CR-V-2,4 L (A)

Exact Purpose for w	nich vehicle	was being	used at	
time of accident				

WORKING PURPOSES

OTHERS-87836633

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken Vehicle Category

REPORTING ONLY PRIVATE CAR

## Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5095284133-02

Cover Note Number

#### Driver

Name of Driver RODRIGUES ADRIAN JEROME

NRIC No SXXXX684J Date Of Birth 10/04/1975 Occupation OUTDOOR Date Of Driving Pass 10/04/2003

Driving Experience 17 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87836633

Fax Number

Contact Number OTHERS-87836633

EMail Address ADRIANRODRIGUES75@GMAIL.COM Address

BLK 16 GHIM MOH ROAD

#07-73

Postcode

270016

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

50

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?

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

NO

ambulance?

W.C.

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)

75

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

SBM197Z

Vehicle Make/Model/Colour

TOYOTA CAMRY

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)

## 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.
- 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

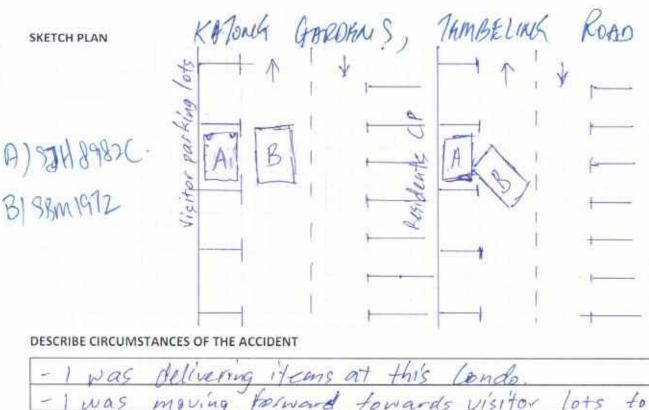
Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.



- I was delivering items at this Londo.

- I was moving forward towards visitor lots to park.

- I notice SBM 1977 parked in the middle of the lame without hazard lights not brake lights on.

- I greed to move forward to park in visitor lot.

- After i parked, I felt a hump on my right rear.

- I stepped out of my car and the man just proceed to park his car. He didn't bother to negotiate now (o-operate on providing his details.

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 14 JAN 2020 (DD/MM/	(YYY), TIME: (18: (5) (HH:MM)
LOCATION: Katong Gardens;	Tembeling Road
DETAILS OF VEHICLE  ON THE STATE OF STA	182 C
d)POLICY TYPE: (COMPREHENSIVE / THIRD  a)MAKE & MODEL: HONDA CRV  f)TYPE: (SALOON / COUPE / MPV /VAN / LO  g) VEHICLE CATEGORY: (PRIVATE / COMME  h) PURPOSE OF USING AT ACCIDENT TIME: 1	PRRY/MOTORCYCLE/OTHERS) SUV
I) ARE YOU CLAIMING UNDER YOUR OWN IN IF NO. PLEASE STATE (THIRD PARTY CLAIM)	VSURANCE (YES/NO)
DINRIC/FIN/PASSPORT: S 7523664	CONTACT: 87836633
CIADDRESS: 16 Gluin Moh Ro	1 #07-73, 8 270016.
CONTINUE TO 3.d IF DRIVER ALSO POLICY  OF passanges DRIVER  Clincluding driver) DINAME: DRIVER  ON DRIVER  ON DRIVER  ON DRIVER	
(L) b)NRIC/FIN/PASSPORT:	CONTACT:
# OCCUPATION: (INDOOR / OUTDOOR)  # OF DRIVING PASS  WAS DRIVER AN EMPLOYEE OF THE INSU  IF NO, RELATIONSHIP OF THE DRIVER WITH	TH INSURED: ANDULAK
5. a) WEATHER CONDITION: (CLEAR / RAINING b) ROAD SURFACE: (DRY / WET LOTHERS_	OTHERS
6. WAS ANYBODY INJURED (YES (NO) 7. a) REPORTED TO POUCE (YES / NO)	
He of passenger a) VEHICLE NUMBER: SBM 197Z Including driver) b) DRIVER'S NAME:	MODEL: Tryeta Camry
C) NRIC/FIN/PASSPORT:	CONTACT:
Ho all passager of Deliveries Number:	MODEL:
DRIVER'S NAME:	
( ) NRIC/FIN/PASSPORT:	CONTACT:

adrianrodrigues: 75. Pg mail. email = VIDEO

Accident HT/1001432							- Kait
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Cartificate No.	CHINARICAL	CO	Service Service		way regulation se		
Policytoliter Name	PECHICUES ADMIAN MINDRE				(Anticythology NASC):	075236641	
HISHE DIM	PROVINCE CAR INSUMANCE	Corer Falle	WAY CARDS		Lording		
Contact No. (Mobile)	8797623	Cortait No.(Office)			Comara No.(Home)		
Email Aggress		Special Humani			eCirde	No. T	
HPH .	170 786	TEA	- NY (199)		eCode Newsort		
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- Accident Details							
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Driver Barne	Rodrigues Adrien Strome Simon	Driver fame	Phase Divise:				
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Apparent Date of Orlean License		Drivey Age	411		Driving Experience	Life	
Corners No. (Michier)	87938633	Certact No. (Office)			Corriect No.(Home)		
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## Claim Handling(accident reporting Claim Task 001 OD-MX)

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## Certificate of Insurance

Cover : drivo CLASSIC

: RODRIGUES ADRIAN JEROME

MOTOR V	/EHICLES	(THIRD PART)	RISKS AND	COMPENSATION)	ACT (CHAPTER 189)
MOTOR V	/EHICLES	(THIRD PART)	RISKS AND	COMPENSATION)	RULES, 1960
		ACT, 1987 (N			
				ES TORO INDEL AVE	183

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

Certificate Number: 5095284133-02

Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

SJHB982C

BE31102165

: 11 Nov 2019

: 26 Aug 2020

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) : SS600 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 ; YES (FREE)

TRANSPORT ALLOWANCE : NO EXCESS WAIVER

PRIMARY DRIVER : RODRIGUES ADRIAN JEROME SIMON

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : ZENITH CREDIT PTE LTD

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)

: ZEAL INSURANCE AGENCY (00000614483) Date of Issue

: 11 Nov 2019 16:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive