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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.

- 6. This report will be forwarded by the insurers of the GtA 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

	ACCIDENT STATEMENT
Date Of Report	01/06/2020 17:30
Date Of Accident	30/05/2020 10:00
Exact Location Of Accident	ALONG JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC47B
Insured/Policyholder	
Name Of Registered Owner	BRINK'S SINGAPORE PTE LTD
Co Reg No	1XXXXX756C
Email Address	ZAILANI.MATZAID@BRINKSGLOBAL.COM
Mobile Phone No	(LOCAL) +65-98537674
Alternative Phone No	OFFICE-98537674
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
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	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	5115264282
Cover Note Number	
Driver	
Name of Driver	MOHAMED SAID BILL ALLAND

Name of Driver MOHAMED SAID BIN AMAN

NRIC No SXXXX663G Date Of Birth 04/06/1974 Occupation OUTDOOR Date Of Driving Pass 17/07/2002

Driving Experience 17 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98537674

Fax Number

Contact Number OTHERS-98537674

EMail Address ZAILANI.MATZAID@BRINKSGLOBAL.COM Address

BLK 763 PASIR RIS STREET 71

#02-238

Postcode

510763

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

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO

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)

3

Passenger 1

NAME:

: COLLEGUE

GENDER:

: MALE

Passenger 2

NAME:

: COLLEGUE

GENDER:

: MALE

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

SLT4583K

Vehicle Make/Model/Colour

HONDA STREAM

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MOHAMED ERDEE

NRIC/Passport Number

SXXXX067D

Contact Number

90062014

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.
- 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.
- 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.

SAID TO CONTAIN M, Said Bin Amar. Emp ID: 5

Driver's Signature

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.

Policyholder's Signature Date & Time:

BUNKIT MERAL Dlong SKETCH PLAN A) GBC 47B B) SLT 4583K

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AND DATED SOLD IN
ON DATED 30/05/2020 17/1000 4RS
SUDDENLY A HONDA STREAM SUT 4583K BANGED PROM BEHIND GBE CAB.
SUDDENLY A HONDA STREAM SUT 4583K BANGED
FROM BEHMAN GBC GAB.

### DECLARATION

SAID TO CONTAIL M. Said Bin Amar.

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre P

NRIC/FIN No.:

Name:

# ACCIDENT STATEMENT

ACCIDENT DATES 0 105, 202 (DD/MM	(YYYY), TIME: ( 1000 ) (HH:MM)
LOCATION: JALAN BUCIT ME	PRAM
DETAILS OF VEHICLE  OF VEHICLE NUMBER: GBC 47 F  DINSURANCE COMPANY: BRINK  OF POLICY NUMBER: 51/52645	S
DIPOLICY TYPE: (COMPREHENSIVE / THIRI  DIMAKE & MODEL: TOYOTA  TITYPE: (SALOON / COUPE / MPV(VANY L  DIVEHICLE CATEGORY: (PRIVATE / COMM  DIPURPOSE OF USING AT ACCIDENT TIME:  TARE YOU CLAIMING UNDER YOUR OWN	LORRY / MOTORCYCLE / OTHERS)  AERCIAL / MOTORCYCLE)
IF NO, PLEASE STATE (THIRD PARTY CLAIM  2. INSURED / POLICY HOLDER  A)NAME:  b)NRIC/FIN/PASSPORT:	(MALE) FEMALE)
c/ADDRESS:	CONTACT:
CONTINUE TO 3.d IF DRIVER ALSO POLICE  OF presson g.3.  ORIVER  OF DRIVER ALSO POLICE  OF D	CONTACT: 92537674
*d)DATE OF BIRTH: 10 +1 001190+1(0 e)OCCUPATION: (INDOOR / OUTDOOR) f)DITE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSI IF NO, RELATIONSHIP OF THE DRIVER V 5. G)WEATHER CONDITION: (CLEAR / RAINING	URED'S COMPANY? (YES / NO)
b)ROAD SURFACE: (DRY) WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. D)REPORTED TO POUCE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION	N:
He of passinger o) VEHICLE NUMBER: SLT 4583 K Including driver) b) DRIVER'S NAME: MAME: MAME OF BOOK OF THE PARTY VEHICLE	MODEL: TOYOTA STREAM POEC D CONTACT: 90062014
Mo of passanger d) VEHICLE NUMBER:  Including deliver of DRIVER'S NAME:  NRIC/FIN/PASSPORT:	MODEL:
(_)	

email = Zailani. matzaid@brinksglobal.com VIDBO

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	3115364292	Verticle No.	GBEATS		GEST Registration No.	Manousas	884	
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awarned driver Name	HOHANED SAID SIN AMAN	Device NRSC	ExpXX883G		Driver DOB	94/96/3	978	
Segratur Date of Driver License	17/07/2002	Driver Age	45		Driving Expension	17		
Comact An. (Mobile)	96537674	Contact No. (Office)	17761		Cuntact No.(Home)			
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## 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)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

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

Certificate Number: 5115264282

Cover: Comprehensive

1. Index mark and Registration Number of Vehicle

: GBC47B

Chassis Number

2. Name of Policyholder

: JTFHT02P500062733

3. Effective Date of Insurance

: BRINK'S SINGAPORE PTE LTD

: 01Jan 2020

4. Explry Date of Insurance

: 27 Dec 2020

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.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

### This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- # 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) : 5\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : 55100 INSURE WITH COE ; YES

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

: ASSURE PTE. LTD. (00000572842)

Date of Issue

: 30 Dec 2019 18:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive