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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
 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 aforesaid.

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14/07/2020 11:32 Date Of Report 29/06/2020 13:45 Date Of Accident

82 GRANGE ROAD BASEMENT CARPARK (249587) Exact Location Of Accident

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

S3401CD Vehicle Registration Number

Insured/Policyholder

EMBASSY OF ROMANIA Name Of Registered Owner

SXXXXXX034C Co Reg No

Email Address SINGAPORE@MAE.RO (LOCAL) +65-93886080 Mobile Phone No OFFICE-93886080 Alternative Phone No

Vehicle Particulars

LEXUS Manufacturer ES250 Model

Exact Purpose for which vehicle was being used at CAR WAS PARKED

time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY COMMERCIAL VEHICLE

Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

THIRD PARTY Type Of Coverage

NO Fleet Policy

5101945694-01 Policy Number

Cover Note Number

Driver

MARIUS TRUSCA Name of Driver GXXXX506L NRIC No 15/04/1967 Date Of Birth INDOOR Occupation

Date Of Driving Pass **Driving Experience**

11 YEARS AND 5 MONTHS

20/01/2009

MALE Gender

(LOCAL) +65-93886080 Mobile Number

Fax Number

OTHERS-93886080 Contact Number EMail Address SINGAPORE@MAE.RO

Page 1 of 16

Address

90 HOLLAND ROAD

Postcode

278535

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

VO

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)

0

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

ON THE 22/6/2020 AT ABOUT 09:00 I PARK MY CAR AT THE 82 GRANGE ROAD BASEMENT CARPARK. ON THE 29/06/2020 AT ABOUT 13:45 I WENT TO TAKE MY CAR AND SAW IT WAS DAMAGE AND I DID ASK THE MANAGEMENT FOR THE VIDEO FOOTAGE AND SAW A CAR EM282A THAT REVERSE AND DAMAGE MY CAR S3401CD THAT ALL.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

EM282A

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category 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

- 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 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:

- 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
- 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.
- 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

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time:

14.07.2020

11.35

SKETCH PLAN	82	GROUGH	POAN	BOSHMANN CARPARK
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DECLADATION				
DECLARATION I/We declare the foreg	oing particula	rs are true in every re	spect.	an de bas
Policyholder's Signature	*	Driver's Signature	1 0	Peporting Centre Personifiel's Signature
Date & Time:	5/	(If driver is not the Date & Time: \\ O \\\ 202		Name: NRIC/FIN No.: Robal (MO7/00)
		11:35		



Ministry of Foreign Affairs Singapore

ADMIN & TECHNICAL STAFF

FIN: G8045506L Card No: 034-000164

Name MARIUS TRUSCA

Designation: ADMINISTRATIVE OFFICER

Mission: EMBASSY OF ROMANIA

Date of Issue 03-12-2019 Date of Expiry 18-12-2020



This card is not transferable. The card should be returned to the Protocol Directorate, Ministry of Foreign Affairs, Singapore, on departure of the Bearer.

Loss of this card must be reported immediately to the Chief of Protocol, Ministry of Foreign Affairs, Singapore.

If found, this card must be returned immediately to the Protocol Directorate, Ministry of Foreign Affairs, Tanglin, Singapore 248163, or handed in at the nearest Police Station.



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 20 Jan 2009 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg LKK/NAC Use Only

NP 428A



ACCIDENT STATEMENT

ACCIDENT DATE: 29,06,200)(DD/MM/YYYY), TIME: 13:45 (HH:MM).
LOCATION: 82 GRANGE ROAD SINGAPORE 249587

CONTACT: CIPCHICLE NUMBER: CIPCHICLE CATEGORY; FRINTATE / COMMERCIAL / MOTORCYCLE / OTHERS) GIVEHICLE CATEGORY; FRINTATE / COMMERCIAL / MOTORCYCLE / OTHERS) GIVEHICLE CATEGORY; FRINTATE / COMMERCIAL / MOTORCYCLE / OTHERS) GIVEN CLAMMING UNDER YOUP OWN INSURANCE (PERMO) IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: MALE / FEMALE) DINNEC/FIN/PASSPORT: CONTACT: CONTINUE TO 3. dif DRIVER ALSO POLICY HOLDER CINCHINUTE TO 3. diff DRIVER ALSO POLICY HOLDER CINCHINUTE TO 3. diff DRIVER ALSO POLICY HOLDER CONTACT: CONTACT: CONTACT: CONTACT: CINCHINUTE TO 4. do 5. CONTACT: C	The same was a superior and the same of th	
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GIVERICLE CATEGORY: HPRIVATE / COMMERCIAL / MOTORCYCLE GIVEHICLE CATEGORY: HPRIVATE / COMMERCIAL / MOTORCYCLE I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (MEXINO) IF NO, PLEASE STATE [THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER ANAME: CMSASSU OF ROMANIA (MALE / FEMALE) DINRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C) NAME: NARLUS NULSCA (MALE / FEMALE) DINRIC/FIN/PASSPORT: GOASSOGL CONTACT: 93886088 C) ADDRESS: C) ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C) NAME: NARLUS NULSCA (MALE / FEMALE) DINRIC/FIN/PASSPORT: GOASSOGL CONTACT: 93886088 C) ADDRESS: OF HOLLAND ROAD 2 78535 C) ADDRESS: OF HOLLAND ROAD 2 7853508 C) ADDRESS		67.670
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i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE [THIRD PARTY CLAIM/ REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: EMASSY OF ROHANIM (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER d) NAME: MARLUS NUSCA (MALE / FEMALE) b) NRIC/FIN/PASSPORT: GOULS OG CONTACT: 93886080 C) ADDRESS: d) DATE OF BIRTH: (15/04/1664) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) BOTE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / AO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION: (CLEAR) RAINING / OTHERS 6. WAS ANYBODY INJURED (YES (NO)) IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE (MO A) PRISENGEY C) NRIC/FIN/PASSPORT: CONTACT: D) DRIVER'S NAME: (MODEL: D) DRIVER'S NAME:	ST STEED ON LOOK LINKINGTE	/ COMMEDCIAL / LLOTOPONIOLE
IF NO, PLEASE STATE [THIRD PARTY CLAIM/ REPORTING ONLY] 2. INSURED / POLICY HOLDER A)NAME: MASSY OF COHANIA (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: C)ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER d)NAME: NARIUS WUSCA (MALE / FEMALE) b)NRIC/FIN/PASSPORT: GOADS OG CONTACT: 93886088 C)ADDRESS: HOLLAND ROAD 2788535 "d)DATE OF BIRTH: [15] O4 / MGT (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) IDDITE OF DRIVING PASS 20 IAN 2008 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. G)WEATHER CONDITION: (CLEAR) RAINING / OTHERS 6. WAS ANYBODY INJURED (YES (NO)) IF YES, PLEASE STATE (WHICH POLICE STATION: NE of passengs of VEHICLE NUMBER: MODEL: INCLUDING PARTY VEHICLE C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE C) VEHICLE NUMBER: MODEL: NODEL: NODEL: NODEL: NODEL: NODEL: NODEL: NODEL: NODEL: NODEL:		
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C)ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C)NAME: NARUS NUSCA (MALE/FEMALE) DRIVER (MALE/FEMALE) DRIVER CONTACT: 93886083 (MALE/FEMALE) DRIVER (MALE/FEMALE) CONTACT: DRIVER (MALE/FEMALE) DRIVER (MALE/FEMALE) CONTACT: DRIVER (MALE/FEMALE) DRIVER (MALE/FEMALE) DRIVER (MALE/FEMALE) DRIVER (MALE/FEMALE) DRIVER (MALE/FEMALE) DRIVER (MALE/FEMALE) CONTACT: DRIVER (MALE/FEMALE) DRIVER (MALE/FEMALE) DRIVER (MALE/FEMALE) DRIVER (MALE/FEMALE) DRIVER (MALE/FEMALE) CONTACT: DRIVER (MALE/FEMALE) DRIVER (MALE/FEMALE) CONTACT: DRIVER (MALE/FEMALE) DRIVER (MALE/FEMALE) DRIVER (MALE/FEMALE) CONTACT: DRIVER (MALE/FEMALE) DRIVER (MALE/FEMALE) (MALE/FEMALE) DRIVER (DRIVER) DRIVER DRIVER	b]NRIC/FIN/PASSPORT:	Transfer of the state of the st
(Including driver) a)NAME: NARIUS TRUSCA b)NRIC/FIN/PASSPORT: GOOGSOGL CONTACT: 93886080 c)ADDRESS: OF HOLLAND ROAD 278535 "d)DATE OF BIRTH: (15/04/1407) (DD/MM/YYYY) e)OCCUPATION: (INDOOR FOUIDOOR) f)DATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES /-NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a)WEATHER CONDITION: (CLEAR) RAINING / OTHERS b)ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES (NO)) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE Working driver) b) DRIVER'S NAME: (1) YEHICLE NUMBER: MODEL: 10 NRIC/FIN/PASSPORT: CONTACT: 11 HIRD PARTY VEHICLE (2) VEHICLE NUMBER: MODEL: 12 ORIVER'S NAME: (3) OF PASSENGER (4) VEHICLE NUMBER: MODEL: 15 DRIVER'S NAME: (5) DRIVER'S NAME: (6) DRIVER'S NAME: (7) VEHICLE NUMBER: MODEL: (8) OF PASSENGER (9) DRIVER'S NAME: (10) DRIVER'S NAME: (11) DRIVER'S NAME: (12) DRIVER'S NAME: (13) DRIVER'S NAME: (14) DRIVER'S NAME: (15) DRIVER'S NAME: (16) DRIVER'S NAME: (17) DRIVER'S NAME: (18) DRIVER'S NAME: (19) DRIVER'S NAME: (20) DRIVER'S NAME: (21) DRIVER'S NAME: (22) DRIVER'S NAME: (33) DRIVER'S NAME: (44) DRIVER'S NAME: (55) DRIVER'S NAME: (66) DRIVER'S NAME: (77) DRIVER'S NAME: (87) DRIVER'S NAME: (98) DRIVER'S NAME: (99) DRIVER'S NAME: (19) DRIVER'S NAME: (20) DRIVER'S NAME: (21) DRIVER'S NAME: (22) DRIVER'S NAME: (23) DRIVER'S NAME: (24) DRIVER'S NAME: (25) DRIVER'S NAME: (26) DRIVER'S NAME: (27) DRIVER'S NAME: (28) DRIVER'S NAME: (29) DRIVER'S NAME: (20) DRIVER'S NAME: (2	c)ADDRESS:	CONTACT:
(Including driver) a)NAME: NARIUS TRUSCA [MALE/FEMALE] b)NRIC/FIN/PASSPORT: GOOGSOGL CONTACT: 93886080 c)ADDRESS: OF HOLLAND ROAD 278535 "d)DATE OF BIRTH: [15/04/1467] (DD/MM/YYYY) e)OCCUPATION: (INDOOR FOUIDOOR) f)DATE OF DRIVING PASS 20 140 2008 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 40) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a)WEATHER CONDITION: (CLEAR) RAINING / OTHERS b)ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES (NO)) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE We of passenger a) VEHICLE NUMBER: EM 282 A MODEL: Was affected by DRIVER'S NAME: (1) ORIC/FIN/PASSPORT: CONTACT: THIRD PARTY VEHICLE (2) VEHICLE NUMBER: MODEL: (3) OFFICE NUMBER: MODEL: (4) OFFICE NUMBER: MODEL: (5) DRIVER'S NAME: (6) DRIVER'S NAME: (7) ORIC/FIN/PASSPORT: MODEL: (8) OFFICE NUMBER: MODEL: (9) DRIVER'S NAME: (10) OFFICE NUMBER: MODEL: (11) ORIC/FIN/PASSPORT: MODEL: (12) ORIC/FIN/PASSPORT: MODEL: (2) ORIVER'S NAME: (3) DRIVER'S NAME: (4) OFFICE NUMBER: MODEL: (5) DRIVER'S NAME: (6) DRIVER'S NAME: (7) ORIG/FIN/PASSPORT: MODEL: (8) ORIVER'S NAME: (9) DRIVER'S NAME: (11) DRIVER'S NAME: (12) DRIVER'S NAME: (13) DRIVER'S NAME: (14) DRIVER'S NAME: (15) DRIVER'S NAME: (16) DRIVER'S NAME: (17) DRIVER'S NAME: (18) DRIVER'S NAME:		
(Including driver) a)NAME: NARIUS TRUSCA [MALE/FEMALE] b)NRIC/FIN/PASSPORT: GOOGSOGL CONTACT: 93886080 c)ADDRESS: OF HOLLAND ROAD 278535 "d)DATE OF BIRTH: (15/04/1467) (DD/MM/YYYY) e)OCCUPATION: (INDOOR /OUIDOOR) f)DATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a)WEATHER CONDITION: (CLEAR) RAINING / OTHERS b)ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES (NO)) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE Working driver) b) DRIVER'S NAME: (a) VEHICLE NUMBER: EM 282 A MODEL: 10 NRIC/FIN/PASSPORT: CONTACT: THIRD PARTY VEHICLE (b) of passunger c) VEHICLE NUMBER: MODEL: 10 DRIVER'S NAME: (1) OF PARTY VEHICLE (2) OF PARTY VEHICLE (3) OF PARTY VEHICLE (4) OF PARTY VEHICLE (5) DRIVER'S NAME: (6) DRIVER'S NAME: (7) OF PARTY VEHICLE (8) OF PARTY VEHICLE (9) DRIVER'S NAME: (10) OF PARTY VEHICLE (11) DRIVER'S NAME: (12) OF PARTY VEHICLE (3) OF PARTY VEHICLE (4) OF PARTY VEHICLE (5) DRIVER'S NAME: (6) DRIVER'S NAME: (7) OF PARTY VEHICLE (8) DRIVER'S NAME: (9) DRIVER'S NAME: (11) DRIVER'S NAME: (12) DRIVER'S NAME: (13) DRIVER'S NAME: (14) DRIVER'S NAME: (15) DRIVER'S NAME: (16) DRIVER'S NAME: (17) DRIVER'S NAME: (18) DRIVER'S NAME: (19) DRIVER'S NAME: (20) DRIVER'S NAME: (21) DRIVER'S NAME: (22) DRIVER'S NAME: (33) DRIVER'S NAME: (44) DRIVER'S NAME: (55) DRIVER'S NAME: (66) DRIVER'S NAME: (77) DRIVER'S NAME: (87) DRIVER'S NAME: (98) DRIVER'S NAME: (99) DRIVER'S NAME: (90) DRIVER'S NAME: (91) DRIVER'S NAME:	* CONTINUE TO 3.d IF DRIVER ALSO	O POLICY HOLDER
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b) NRIC/FIN/PASSPORT: GOLDSON CONTACT: 93886080 c) ADDRESS: GOLDSON CONTACT: GONTACT: GON	Chiclodina de mas CINAME: MARIUS TRUSC	^
"d)DATE OF BIRTH: (15/04/1667) (DD/MM/YYY) e)OCCUPATION: (INDOOR /OUTDOOR) f)DGT(E OF DRIVING PASC 20 1AN 200 \$ 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a)WEATHER CONDITION: (CLEAR) RAINING / OTHERS b)ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES (NO)) 7. a)REPORTED TO POLICE (YES (NO)) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: EM 282 A MODEL: b) DRIVER'S NAME: () PASSENGER d) VEHICLE NUMBER: MODEL: c) NRICE FINAME: d) VEHICLE NUMBER: MODEL: c) DRIVER'S NAME: d) VEHICLE NUMBER: MODEL:	b) NRIC/FIN/PASSPORT & COLE	(MALE / TEMALE)
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4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION: (CLEAR) RAINING / OTHERS b) ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES NO) 7. a) REPORTED TO POLICE (YES NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: CM 282 A MODEL: Moderal Passanger	109TE OF DRIVING DACE	7-2 18-4 240 C
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email = V1020 Claim Handling

ccident MT/1096781						
alcy No.	5101945694-01	Vehicle No.	\$3401CD		GST Registration No.	
ertificate No.						
slicyholder Name	EMBASSY OF ROMANIA				Policyholder NR3C	573DP0034C
roduct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party		Loading	9
ontact No.(Mobile)	93886080	Contact No.(Office)			Contact No.(Home)	
mail Address	singapore@mae.ro	Special Remark			eCode	No V
FK	No Yes	TCA	No Yes		eCode Reason	
CO Protection	No	NCD Entitlement(%)	30		Private Hire	No
♥ Accident Details						
eport Date	14/07/2020 12:10	Accident Report Within 24 hrs	Yes		Accident Type	Damaged whilst parked
ate of Acodent	29/06/2020	Time of Accident hin:mm	13:45		Country of Accident	Singapore
eporting Centre		Orange Force			ICM No.	
ecident Location	82 GRANGE ROAD BASEMENT CARPARK (249587)					
▼ Total Excess Applicable						
xcess Type	Per Accident	Windscreen Excess		0.00		
D Standard Excess	0.00	TP Standard Excess		0.00		
IED OD Excess	0.00	YIED TP Excess		0.00	Oriver is Covered?	Covered
dditional Excess	0					
otal OD Excess Applicable	0.00	Total YP Excess Applicable		0.00		
₩ Benefits						
ST Registered	Nn		GST Registr			
ST Registration No.	PARAMETERS OF THE PARAMETERS O	A CONTRACTOR OF THE PARTY OF TH	GST Status	ventied	Yes.	
Indification History	14/07/2020 12:12:12 System th	anged GST Status Verified from No	o to Yes			
	2023					
→ Policyholder Mailing Add	(March Control of the	12 12 22 10 10 12	19220000 0000	constru	3449.30M2	ACRES POR CONCURRENCE
Address I	390 HAVELOCK ROAD	Address 2	#03-04/05 KING'S	CENTRE	Address 3	SINGAPORE 169662
Address 4		Address Type	Singapore address		Post Code	169662
Unit No.	#08-10	Related Policy Number	5069324442-05			
OI Driver Info						
Driver Name	MARIUS TRUSCA	Driver Type	Main Driver		*********	52920939411
Unnamed driver Name	124600000	Driver NRIC	G6045506L		Oriver DOB	15/04/1967
Register Date of Driver License	20/01/2009	Driver Age	53		Oriving Experience Contact No.(Home)	11
Contact No.(Mobile)	93886080	Contact No. (Office)			Address 3	
Address 3		Address 2	Facility and desired		Past Code	
Address 4 Unit No.		Address Type	Foreign address		Post Code	
Does he own a Singapore		20000000			325 19 26 15.7	22.00
Registered car?	Yes No	Driver Vehicle No.	53401CD		Driver Insurer Company	NTUC
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No			
Hodification History						
Claim 001 New						
Claim Type *				00-MK	Insured EMBASSY OF ROMA	NIA Insured S73DP0034C
					Contact	Contact
Contact No.(Mobile)					No. (Home)	No. 67355023 (Office)
236C3225705					01	TP
Email Address				_	Vehicle \$3401CD Number	Vehicle EM282A Number
Claim Description				\$3401CD / EM282A ON 2	19 Jun 2020	Name of Preferred
Claim Description				Banking / Eurapan Out a	970112020	Workshop
Preferred Workshop	Insured Liability Not at Fault	•				
Remark No. Yes	→ Repair Preferred Workshop, Name		ed 🗸		Claim	
Date Registered	Option	NOTO THE OWNER OF THE PARTY OF		14/07/2020 12:13	Close	Date Received 14/07/2020 00
				ROSLI WAHAB	Date	
Report Taken By				RUGLI WARAD		
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9						
Accident No.	MT/1096781	Claim No.		001		
Last Doc. Received	® Yes ○ No	Upload Date		14/07/2020 12:14		
	Path *			Category *	Confidential Urge	ncy * Description *
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Attachment	Uploaded By/Date	Category	9	Urgency	Description	Msg Sent?
	Uploaded by/Date JKIT_MERAH_800676(NATIONAL ASSESSMENT CENT		0.63	Normal	Photos 2020-7-14	(co)
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NAC_BURIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 14 3ul 2020 12:14

		Uploaded By/Date	Folder Date		Name		P	Source
9	Video List							
	4.43		ATTOMAL ASSESSMENT CENTRE SERVICE (1) on 14 Jul 2020 12:13	SAS		Normal	SAS	2020-7-14
	- 150 - 150		ATIONAL ASSESSMENT CENTRE SERVICE (1) on 14 Jul 2020 12:13	NRIC/ Driving License	4	Normal	NRIC/ Drivin	g License 2020-7-14
	10		RTIONAL ASSESSMENT CENTRE SERVICE (1) on 14 Jul 2020 12:13	Pnotes		Normal	Photo	os 2020-7-14
	1		ATIONAL ASSESSMENT CENTRE SERVICE (1) on 14 Jul 2020 12:13	Photos		Normal	Photo	os 2020-7-14
	8		ATIONAL ASSESSMENT CENTRE SERVICE (5) on 14 Jul 2020 12:13	Photos		Normal	Photo	os 2020-7-14
		NAC_BUKIT_MERAH_B00676(N/ S (BUKIT MERAH	ATIONAL ASSESSMENT CENTRE SERVICE (1) on 14 Jul 2020 12:13	Photos		Normal	Photo	s 2020-7-14
	1		ATIONAL ASSESSMENT CENTRE SERVICE ()) on 14 Jul 2020 12:13	Photos		Normal	Photo	s 2020-7-14
	39		ATIONAL ASSESSMENT CENTRE SERVICE () on 14 Jul 2020 12:13	Photos		Normal		os 2020-7-14
	2		ATIONAL ASSESSMENT CENTRE SERVICE ()) on 14 Jul 2020 12:13	Photos		Normal	Photo	s 2020-7-14
	4		NTIONAL ASSESSMENT CENTRE SERVICE (1) on 14 Jul 2020 12:13	Photos		Normal	Photo	s 2020-7-14
	3		TIONAL ASSESSMENT CENTRE SERVICE (I) on 14 Jul 2020 12:13	Photos		Normal	Photo	s 2020-7-14
	0		NTIONAL ASSESSMENT CENTRE SERVICE (1) on 14 Jul 2020 12:13	Photos		Normal	Photo	s 2020-7-14
	-		ATTOMAL ASSESSMENT CENTRE SERVICE (1) on 14 Jul 2020 12:14	Photos		Normal	Photo	s 2020-7-14
	3							
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Hello, NAC_BUKIY_MERAN My Desktop	Policy Query					A COLUMN TO THE REAL PROPERTY OF THE PARTY O					CALL THE PROPERTY.
Notice of Loss		Policy No. Vehicle No.(For Motor)		Date of Accident 29/06/2020 11:30				11:30			
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NR[C	6	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5101945694- 01		EMBASSY OF ROMANIA	S73DP0034C	GPC	Third Party			31/07/2019	30/07/2020
						- matter of					