

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 withholding of material facts may allow insurance companies to repudiate policy ability.
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 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.

ACCIDENT STATEMENT

Date Of Report	28/06/2018 14:02
Date Of Accident	24/06/2018 13:00
Exact Location Of Accident	BLK 769 BEDOK RESERVOIR VIEW
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG941Z
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Insured/Policyholder

Name Of Registered Owner	MANJRA SERVICES
Co Reg No	53204920M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91541806

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350-2.5 5MT 5DR EURO V (A)
Exact Purpose for which vehicle was being used at time of accident	
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCFHQ17-000134
Cover Note Number	

Driver

Name of Driver	JAHID HASAN MOTIUR RAHMAN
NRIC No	G8469299P
Date Of Birth	20/06/1985
Occupation	OUTDOOR
Date Of Driving Pass	29/08/2016
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86726604
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	56 JALAN LENGKOK SEMBAWANG
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	1

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

REFER TO THE ATTACHED REPORT.

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	EE8218B
Vehicle Make/Model/Colour	HONDA HRV
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96466633
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan


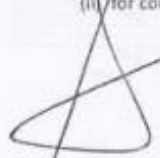
SKETCH PLAN

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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:



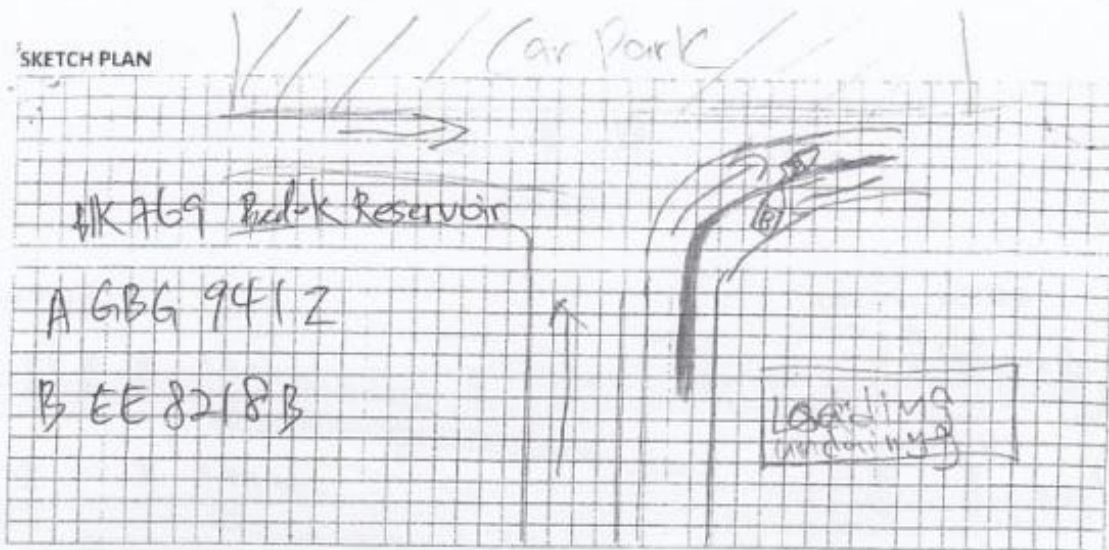
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On date 24 June 1300 hrs. I was driving at blk 269 bedok reservoir near car park area. and Once I see blk NO: 269 I was break and see check my Right/left/rear view mirror and oncoming vehicle. at my every sight was clear than I wanted to reverse at the same time I heard a sound than I go down and check one car (EE 8218B) has hit me and the car was from wrong direction. and hit my back right back rear of my vehicle.

At first we want to private Settlement but 2 days later he ask me to make a claim.

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.:



File Reference: FMMD/IP/201704/00087

Place of Issue: Ministry of Manpower
Services Centre
1500 Bendemeer Road

FORM 18
IMMIGRATION ACT
(Chapter 133)
IMMIGRATION REGULATIONS
SPECIAL PASS

Regulation 15
Special Pass No: AF362108
MID No:
DE No:

To: HASAN JAHID

Holder of International Passport

Issued at BANGLADESH

Expiring on 07/10/2019

(MALE)

(INDIAN)

on -

* (which has been retained)

Date of Birth: 20/06/1985

Passport No: BC0252680



WP No: 0 62868031
FIN No: G8469299P
SB Expiry: 21/06/2017

Date of issue: 02/06/2017

Valid till: 10/05/2018

Address in Singapore:

Name & Address of Company: ABHI CONSTRUCTION & TRADING PTE. LTD.
15, YISHUN INDUSTRIAL STREET 1, WIN 5,
#09-20, Singapore - 768091



*Delete if applicable

Your appointment is at **8a**
Please be on time or you

You are hereby permitted to remain in Singapore to assist in investigation by the Ministry of Manpower. You are to report to Ministry of Manpower Services Centre, 1500 Bendemeer Road, Hall B, Singapore 339946 on 10/05/2018.

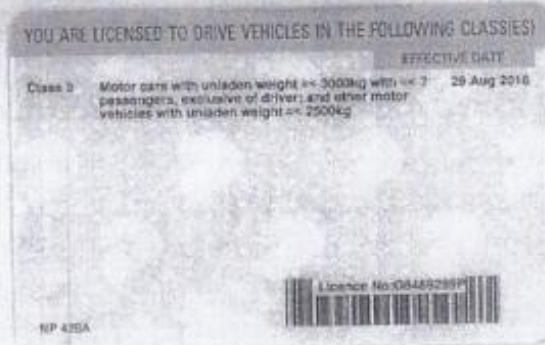
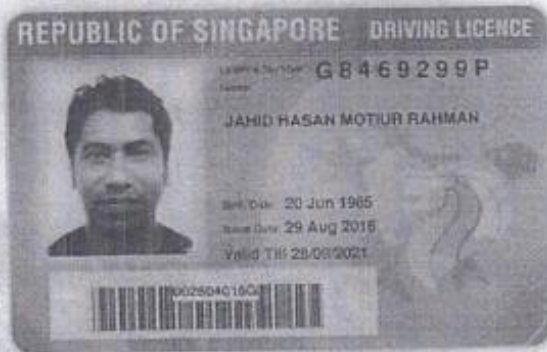
You are hereby informed that as a condition of this Special Pass, you are **not** allowed to engage in any form of employment, or in any business, profession or occupation during the validity of the said pass unless you are issued with a valid Work Pass. If you engage in such activities without a valid Work Pass, you (and your employer) may be liable to prosecution under the Employment of Foreign Manpower Act (Cap 91A).



Affendi Hanad
for Controller of Immigration
Singapore

Please return this Special Pass back to MCA
the holder has other forms of stay passed to

Serial No. MOM 093969



Accident Photo



Accident Photo



Accident Photo



Accident Photo



ACCIDENT SCENE PHOTO



ACCIDENT SCENE PHOTO



ACCIDENT SCENE PHOTO

