

## 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 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 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             | 20/07/2019 15:38                   |
| Date Of Accident           | 20/07/2019 08:25                   |
| Exact Location Of Accident | INFRONT 5070 AMK INDUSTRIAL PARK 2 |
| Country/State of Loss      | SINGAPORE                          |

### DETAILS OF OWN VEHICLE

|                             |                    |
|-----------------------------|--------------------|
| Vehicle Registration Number | GBG6447U           |
| <b>Insured/Policyholder</b> |                    |
| Name Of Registered Owner    | HOME CHOICE DESIGN |
| Co Reg No                   | -                  |
| Email Address               | NOEMAIL            |
| Mobile Phone No             |                    |
| Alternative Phone No        | OFFICE-92398809    |

### Vehicle Particulars

|                                                                              |                    |
|------------------------------------------------------------------------------|--------------------|
| Manufacturer                                                                 | NISSAN             |
| Model                                                                        | CABSTAR            |
| Exact Purpose for which vehicle was being used at time of accident           | WORKING            |
| Are you claiming under your own insurance policy for repair to your vehicle? | YES                |
| If No, Please state action to be taken                                       |                    |
| Vehicle Category                                                             | COMMERCIAL VEHICLE |

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | NO                                   |
| Policy Number             | A 29095062 MKC                       |
| Cover Note Number         | -                                    |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | DEWAN KALAM          |
| NRIC No              | G2302273M            |
| Date Of Birth        | 15/08/1990           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 07/07/2016           |
| Driving Experience   | 3 YEARS AND 0 MONTHS |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-83108494 |
| Fax Number           |                      |
| Contact Number       |                      |
| EEmail Address       | NOEMAIL              |

|                                                     |                  |
|-----------------------------------------------------|------------------|
| Address                                             | 562 BALESTIER RD |
| Postcode                                            | 329878           |
| 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   | 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 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

MY VEH WAS PARKED INFRONT OF 5070 ANG MO KIO INDUSTRIAL PARK 2, WHEN I PREPARE TO MOVE ON FROM THE STATIONARY POSITION. I SAW VEH B COME FROM THE MAIN ROAD, THEN I STOP MY VEH, BUT VEH B STILL COLLIDED ONTO MY VEH RIGHT HAND SIDE.

#### Attachment(s)

|                                               |             |
|-----------------------------------------------|-------------|
| Are accident photos available for attachment? | YES         |
| Was there any video captured by Car Camera?   | YES         |
| Remarks/ Reasons:                             | WITH DRIVER |
| Was there any audio recorded?                 | NO          |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SMA7667X    |
| Vehicle Make/Model/Colour           |             |
| 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) |             |

## Accident Sketch Plan

### SKETCH PLAN

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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) 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.:

HOME CHOICE DESIGN  
562 Balestier Road  
Singapore 329878  
Tel: 6562 1433 Fax: 6566 7433

# Accident Sketch Plan

## SKETCH PLAN

Ang Mo Kio Industrial Park 2

A = GGG 6497 U  
B = SMA 7667 X

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

HOME CHOICE DESIGN  
562 Balestier Road  
Singapore 329878  
Tel: 6562 1433 Fax: 6560 7433

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## DRIVING DOC

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Dewan Kalam

License Number: **G2302273M**

Name: **DEWAN KALAM**

Birth Date: **15 Aug 1990**

Issue Date: **07 Jul 2016**

Valid Till: **06/07/2021**

Barcode: 0025859554

**For LKK/NAC Use Only**

WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer: **HOME CHOICE DESIGN**

Portrait photo of Dewan Kalam

Name: **DEWAN KALAM**

Work Permit No.: **0 84066195**

Industry: **CONSTRUCTION**

Barcode: K0601067

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

| Class                                                                                                                                              | Effective Date |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg | 07 Jul 2016    |

NP 42BA

Barcode: Licence No: G2302273M

**For LKK/NAC Use Only**

VISIT PASS

Immigration Regulations

Name: **DEWAN KALAM**

FIN: **G2302273M**

Date of Birth: **15-08-1990** Sex: **M**

Nationality: **BANGLADESHI**

**MULTIPLE JOURNEY VISA ISSUED**

Download SGWorkPass App to check status

QR Code

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Barcode

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





# Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S6655029G / GST Reg. No.: M403017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA 119095080 Vehicle Registration No: C1BG 6447U  
Name (as shown in NRIC) : DEWAN KALAM NRIC/FIN/Passport No : G2302273M  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 562 Balestier Road Singapore ( 329878 )  
Contact (Tel) : 6562 1433 Mobile No.: 8310 8494 / 9239 8809  
Email Address : kelum@hc-interior.com  
Date of Accident : 20/7/2019 Time of Accident : 0825  
Place of Accident : IN FRONT OF BIK 5070 ANK INDUSTRIAL PARK 2  
Insurance Company: MSIG INSURANCE (SINGAPORE) PTE LTD

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Under Details of own VEHICLE: CHANGE REPORTING ONLY  
TO OWN DAMAGE CLAIM

DeWan Kalam HOME CHOICE DESIGN  
562 Balestier Road  
Singapore 329878  
Tel: 6562 1433 Fax: 6566 7433  
Policyholder / Driver's Signature: \_\_\_\_\_ Reporting Centre Personnel's Signature \_\_\_\_\_  
Date: 5/8/19 Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
Date: 7/8/19