

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	04/09/2019 11:19
Date Of Accident	01/09/2019 15:20
Exact Location Of Accident	SYED ALWI RD B4 MUSTAFA CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH3792G
Insured/Policyholder	
Name Of Registered Owner	HOSSAIN MD DELWAR
NRIC No	S7187601B
Email Address	DELUBD@YAHOO.CO.JP
Mobile Phone No	(LOCAL) +65-97829301
Alternative Phone No	OTHERS-97829301

Vehicle Particulars

Manufacturer	NISSAN
Model	X-TRAIL
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D 300099494 QMY
Cover Note Number	

Driver

Name of Driver	HOSSAIN MD DELWAR
NRIC No	S7187601B
Date Of Birth	01/03/1971
Occupation	INDOOR
Date Of Driving Pass	19/06/2006
Driving Experience	13 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97829301
Fax Number	
Contact Number	OTHERS-97829301
EEmail Address	DELUBD@YAHOO.CO.JP

Address	29 AMBER ROAD
Postcode	439942
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	-
	-
	-
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?	YES
Foreign Vehicle Registration Number	NDL6697 (PRIVATE CAR)
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?	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)	4
Passenger 1	NAME: : MS KANIGE FATEMA HOSSAIN GENDER: : FEMALE
Passenger 2	NAME: : MS RINO HOSSAIN GENDER: : FEMALE
Passenger 3	NAME: : MS RIDA HOSSAIN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE N.P.C
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190902/2198

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	NDL6697
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Vehicle Make/Model/Colour	PROTON X70
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NORSHAFRI BIN SHAFINEE
NRIC/Passport Number	800820105023
Contact Number	97394662
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

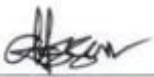
IMPORTANT NOTICE

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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.

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.

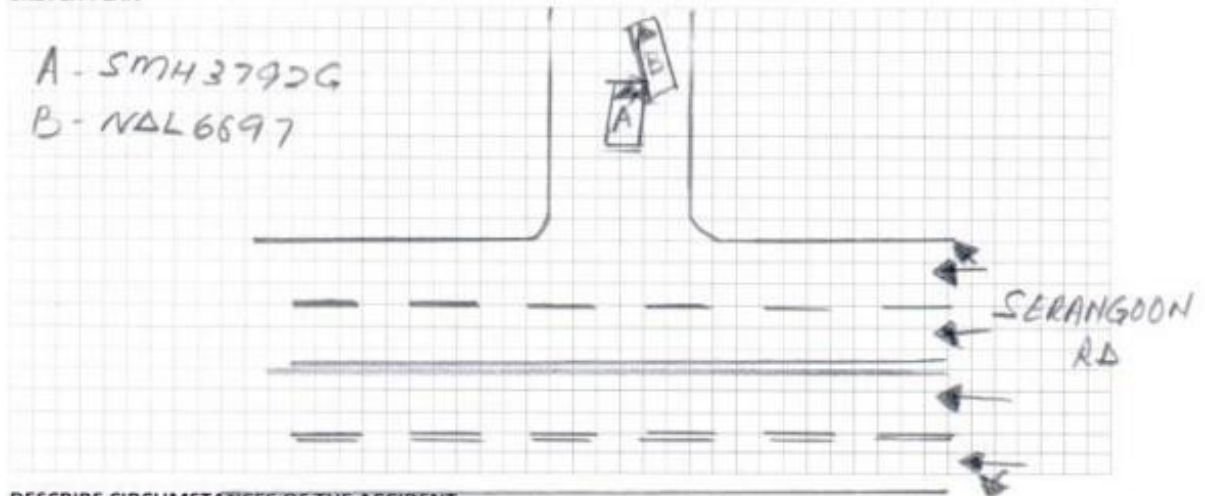

Policyholder's Signature
Date & Time: 02/09/19

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

 04/09/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20190902/2198

DECLARATION

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

Policyholder's Signature
Date & Time: 02/09/19

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

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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190902/2198

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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Report No. T/20190902/2198

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NORSHAFRI BIN SHAFINEE	ID No.	NIL
Related Vehicle	NDL6697 (Car)	Contact No.	97394662
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	HOSSAIN MD DELWAR	ID No.	S7187601B
Related Vehicle	SMH3792G (Car)	Contact No.	97829301
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 01/09/2019 at about 1520hrs, I was driving my vehicle (SMH3792G, Nissan Xtrail, red colour) along Syed Alwi Road (one lane road). At that point of time, the traffic was heavy. As I wanted to merge into the traffic, my vehicle met in an accident with a Malaysian vehicle. The other vehicle is NDL6697 (Proton X70, grey colour) was also moving. The accident resulted in the damage to both vehicles.

My vehicle sustained dents on the right front corner whereas the other vehicle sustained slight scratches on rear left side. My vehicle has an in-car camera. No one was injured. No ambulance and traffic police attended to the accident.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



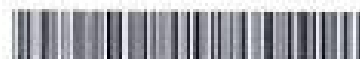
Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190502/2198

Police Station Of Origin:
Marina Parade N.P.C
300 Marina Parade Road SINGAPORE
449296
Tel No: 1800-4428999

1 of 3

Report No: T/20190502/2198

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/09/2019 21:00		Vide Report No.:		Station Diary No.: 73	
Informant's Particulars					
Name of Informant: HOSSAIN MD DELWAR			Address: 29 AMBER ROAD #16-03 SINGAPORE 439942		
ID Type / ID No.: NRIC NO / S7187601B			Contact No. Home/Office: Mobile: 97929301		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 01/03/1971	Type of Informant: Driver		
Race: Bangladeshi			Language: English		Institution / School Name:
Occupation: KEY ACCOUNT MANAGER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 01/09/2019 15:20	Type of Location: Straight Road
Location: Along Road 1 SYED ALWI ROAD ALONG SYED ALWI ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
NDL8897	Car	PROTON	X70	Grey	Slightly Damaged	0
SMH3792G	Car	NISSAN	X-TRAIL 2.0 CVT	Red	Slightly Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH3792G	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300089494	21/01/2019	20/01/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20190902/2198

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428099

2 of 3

Report No. T/20190902/2198

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NORSHAFRI BIN SHAFINEE	ID No.	NIL
Related Vehicle	NDL6697 (Car)	Contact No.	97394662
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	HOSSAIN MO DELWAR	ID No.	S7187601B
Related Vehicle	SMH3792G (Car)	Contact No.	97829301
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 01/09/2019 at about 1520hrs, I was driving my vehicle (SMH3792G, Nissan X-trail, red colour) along Syed Awi Road (one lane road). At that point of time, the traffic was heavy. As I wanted to merge into the traffic, my vehicle met in an accident with a Malaysian vehicle. The other vehicle is NDL6697 (Proton X70, grey colour) was also moving. The accident resulted in the damage to both vehicles.

My vehicle sustained dents on the right front corner whereas the other vehicle sustained slight scratches on rear left side. My vehicle has an in-car camera. No one was injured. No ambulance and traffic police attended to the accident.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190602/2198

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449295
Tel No: 1800-4428999

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Report No: T/20190602/2198

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 NUR ZARIFAH BINTE ZULKIFLI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/06/2019 21:00

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP-88



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: S665500206 / GST Reg. No.: M400017735

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 : MNA119117049 Vehicle Registration No: SMH3792G
Name (as shown in NRIC) : HOSSAIN MD DELWAR NRIC/FIN/Passport No : S7187601B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 29 AMBER RD Singapore (439942)
Contact (Tel) : _____ Mobile No. : 97829301
Email Address : _____
Date of Accident : 01/09/19 Time of Accident : 15:20
Place of Accident : SYED ALWI RD BY MUSTAFA CENTRE
Insurance Company : MSIG

(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:

FOREIGN VEH INVOLVED

Policyholder / Driver's Signature
Date:

sfym 10/09/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: