

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	03/04/2020 10:58
Date Of Accident	01/04/2020 09:30
Exact Location Of Accident	BLK 647/648 ANG MO KIO AVE 6 CARPARK (HDB)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX1933S
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Insured/Policyholder

Name Of Registered Owner	MR PLUMBER SINGAPORE PTE LTD
Co Reg No	201719820R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90744822
Alternative Phone No	OFFICE-86121590

Vehicle Particulars

Manufacturer	TOYOTA
Model	-

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	LONPAC INSURANCE BHD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	Z20VC05004594
Cover Note Number	

Driver

Name of Driver	ISLAM SHAFIKUL
NRIC No	G6718751U
Date Of Birth	04/01/1990
Occupation	OUTDOOR
Date Of Driving Pass	12/11/2013
Driving Experience	6 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90744822
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	1090 LOWER DELTA ROAD #03-07 S(169201)
Postcode	
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?	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)	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 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	SME8657Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	87781765/90041970
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN**IMPORTANT NOTICE**

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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 purposes(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.

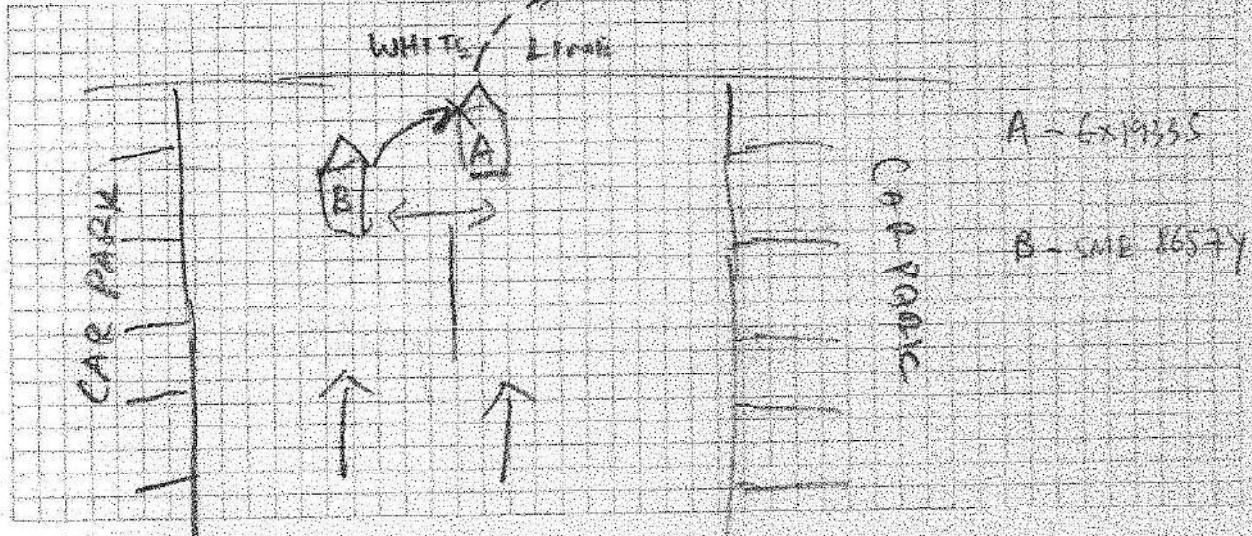


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 3 April 2020

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was Driving out and saw the car SAE 86574 at the left side of the road. I am on the Right side of the road, when I stop before the white line and check for blind spot. Suddenly the car SAE 86574 right turn and bang to my van left hand side lighting (Front) And caused damage my front left hand side lighting.

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: 3 April 2020

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

Identification Card Pg. 1

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

Employer:
EVERYWORKS PTE. LTD.

 Name:
ISLAM SHAFIKUL
Work Permit No.
0 83326046 Social:
CONSTRUCTION

 **K2045214**

REPUBLIC OF SINGAPORE

 **G6718751U**
ISLAM SHAFIKUL
Date of Birth: **04 Jan 1990**
Issue Date: **23 Oct 2018**
Valid Till: **12 Nov 2023**

 **002980741G**

VISIT PASS
Immigration Regulations

Name:
ISLAM SHAFIKUL

 FRY:
G6718751U
Date of Birth:
04-01-1990 Sex:
M
Nationality:
BANGLADESHI
MULTIPLE JOURNEY VISA ISSUED

Download SGNetAPass App to check status





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2800\text{kg}$ **12 Nov 2018**

NP 428A

 Licence No: **G6718751U**



Mr Plumber Singapore Pte Ltd
1090 Lower Delta Road
#03-07 Singapore 189201
Tel: 6653 6258
UEN: 201719820R
Enquiry@mrplumber.sg

Letter of Authorisation

Date: 01/01/2020

Dear Sir/Mdm ,

This is to certify that Name: Islam Shafikul, FIN: G6718751U is authorised to drive the vehicle GX1933S under company business from 01/01/2020 to 31/12/2020.

*Relationship between Insured and Driver's company: Sub-contractor



Name: Leong Wei Chong
Position: Director
Company: Mr Plumber Singapore Pte Ltd

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

