# ACCIDENT STATEMENT

ACCIDENT DATE: (27/02/2018) (DD/MM/YYYY), TIME: (22:30) (HH:MM)

LOCATION: River Valley Rd & Clemenceau Ave

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: FB03237U
   b) INSURANCE COMPANY: MSIG
   c) POLICY NUMBER: MSD/VMT/18-37954-CA
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: HONDA CB400Revo
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Private use
   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)
      IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER
   A) NAME: Alfian Bin Hanaffe (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S9643866J CONTACT: 9658 6455
   c) ADDRESS: Blk 48 Lower Delta Road #12-63

(1) REBBECCA (WIFE)

▼ CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER
   a) NAME: As above (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:
   d) DATE OF BIRTH: (27/11/1995) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 17/11/2016

No of passenger (Including driver) (2)

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) clear
   b) ROAD SURFACE: (DRY / WET / OTHERS) dry
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION: Kampung Java

8. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: GB7886E MODEL:
   b) DRIVER'S NAME: Ong See Chin
   c) NRIC/FIN/PASSPORT: S0098663C CONTACT: 98195146

No of passenger (Including driver) (__)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

No of passenger (Including driver) (__)

email = 5mdtiers@gmail.com

fax =

VIDEO