

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	28/02/2018 17:16
Date Of Accident	27/02/2018 22:30
Exact Location Of Accident	JUNCTION OF CLEMENCEAU AVENUE/RIVER VALLEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD3237U
Insured/Policyholder	
Name Of Registered Owner	ALFIAN BIN HANAFFE
NRIC No	S9543866J
Email Address	SMALTIER@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96586455
Alternative Phone No	OTHERS-96586455

Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC
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	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/18-379154-CA
Cover Note Number	

Driver

Name of Driver	ALFIAN BIN HANAFFE
NRIC No	S9543866J
Date Of Birth	27/11/1995
Occupation	OUTDOOR
Date Of Driving Pass	17/11/2016
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96586455
Fax Number	
Contact Number	OTHERS-96586455
Email Address	SMALTIER@GMAIL.COM

Address	BLK 48 LOWER DELTA ROAD #12-63
Postcode	160048
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	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180228/2004 (TYPE OF COLLISION IS HEAD TO SIDE)

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 Witness 1

Name	ROBERT DURANTI
Phone Number	88336629
Email Address	ROBERTODURANTI@GMAIL.COM

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GB7886E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ONG SEE CHIN
NRIC/Passport Number	
Contact Number	S0098663C

Address 98195145
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ALFIAN BIN HANAFFE
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBD3237U
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name REBECCA ONG LAY CHING
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBD3237U
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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. 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:

15:26 28-02-2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

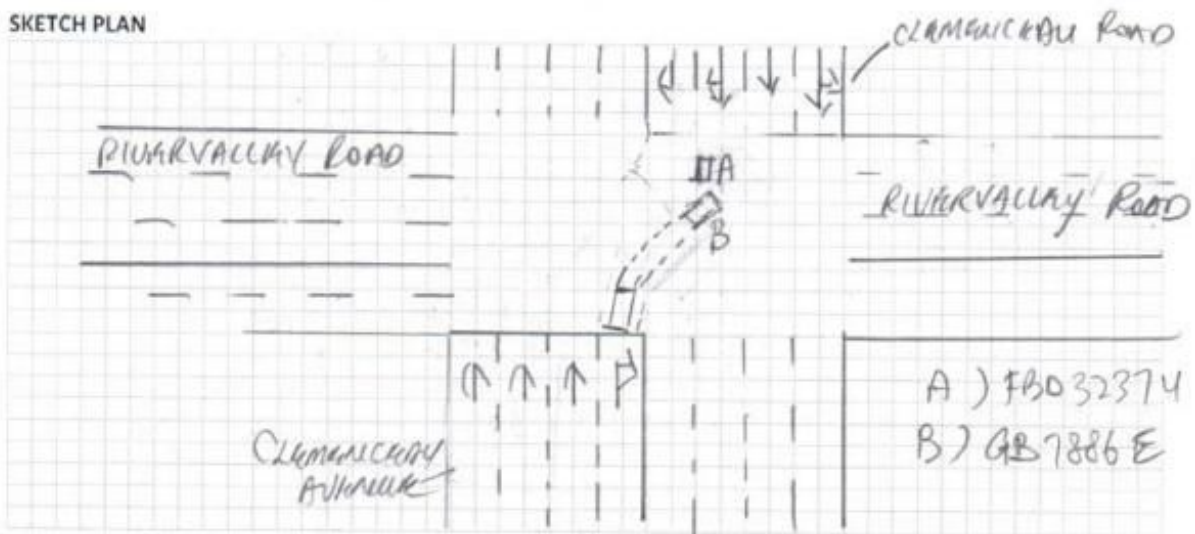
Name:

NRIC/FIN No.:

28/02/2018
Kosli NABAB

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT
T/20180228/2008

DECLARATION

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

Policyholder's Signature
Date & Time:
26/28/02/2018

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

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

Sketch Plan #3



POLICE FORCE



T/20180228/2004

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

1 of 4

Report No. T/20180228/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/02/2018 01:17	Vide Report No.: E/20180227/0176	Station Diary No.: 8
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Informant's Particulars

Name of Informant: ALFIAN BIN HANAFFE			Address: APT BLK 48 LOWER DELTA ROAD #12-63 SINGAPORE 160048		
ID Type / ID No.: NRIC NO / S9543866J			Contact No.: Home/Office: Mobile: 96586455		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 27/11/1995	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B,2A,2 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/02/2018 22:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 CLEMENCEAU AVENUE RIVER VALLEY ROAD Junction of Clemenceau Avenue and River Valley Road. Lamp Post Number: 42				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD3237U	Motorcycle	HONDA	CB400	Blue	Totally Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD3237U	MSIG INSURANCE (SINGAPORE) PTE. LTD.			

Sketch Plan #4



**SINGAPORE
POLICE FORCE**

T/20180228/2004

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Report No. T/20180228/2004

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver		ID No.	S9543866J
Name	ALFIAN BIN HANAFFE	Contact No.	96586455
Related Vehicle	FBD3237U (Motorcycle)	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Hospital/Clinic	NIL	Date Treatment	NIL
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
Passenger		Degree of Injury	NIL
Name	REBECCA ONG LAY CHING	ID No.	S9733127H
Related Vehicle	FBD3237U (Motorcycle)	Contact No.	93287588
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/02/2018	Date Discharge	27/02/2018
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 27/02/2018 at about 2200hrs, I was riding my motorbike (FBD3237U) along Clemenceau Road towards Havelock Road along with my wife, Rebecca Ong Lay Ching (S9733127H). At the junction of Clemenceau Avenue and Rivervale Road, a Silver Toyota Van was slowing down to turn right into Clarke Quay from Clemenceau Road.

As the traffic light was in my favour, I carried on riding down Clemenceau Road towards Havelock Road. However, the van began to pick up speed and its left side collided with the front of my vehicle. I had a slight abrasion on my right hand and right leg as I fell on my right. It was not painful. After the accident, my wife who was pregnant was conveyed to KKH by ambulance as she had headache. After we got discharged, my wife was referred to SGH to scan her head for any injuries.

I also wish to state that I have a witness, namely Robert Duranti (Hp: 88336629) and his email is robertoduranti@gmail.com.

My motorbike was totally damaged and I was not able to ride it anymore. The van had a dent on its left passenger side.

Sketch Plan #5



SINGAPORE
POLICE FORCE



T/20180228/2004

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Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20180228/2004

CONTINUATION OF REPORT



Sketch Plan #6



SINGAPORE
POLICE FORCE



T/20180228/2004

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Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No: T/20180228/2004

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:
E /
Staff Sgt NG YING RAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP158



SINGAPORE
POLICE FORCE

SIGNATURE

Signature Of Informant:

Date/Time:
28/02/2018 01:17

Classification Of Case:

SN 167

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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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: S66550020 / GST Reg. No. M400017733

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 : MINA10028651 Vehicle Registration No: FBD 32374
Name (as shown in NRIC) : ALFIAN BIN HANAFFE NRIC/FIN/Passport No : S9543866J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 96586455
Email Address : _____
Date of Accident : 27/01/2018 Time of Accident : 22:30
Place of Accident : JUNCTION of CLEMENTA AVE / RIVER VALLEY RD
Insurance Company : MIG

(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:

- ① INSURED NAME ALFIAN BIN HANAFFE
- ② DATE OF BIRTH : 27/1/1995

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Pauline
NRIC/FIN No.: 28/01/2018
Date: