

NATIONAL Assessment Centre Services (ver 1.1/2008)

MAHVL028651

Date In: 28/02/2018 18:03
Ref No: NBA/m8580039254
Veh No: FBD 3287U
D.O.A: 27/02/2018 22:30

| Job description | Date & Time Completed | Done by |
|---|-----------------------|---------|
| SAS e-illing | | |
| E-mail (within 2hrs, A/C 2hrs) | | |
| I-Motor Claim Form | | |
| I-Motor W/O (within 20 mins, TP (1hr)) | | |
| I-Photo Uploaded | | |
| Assessment/Survey Report | | |
| Ass'l Report by Fax/ Hand to Owner/Whsp | | |

OD: TP / Reporting Only
TP Insured:

Preferred Wksp / INC Assign Wksp / OW: (

TP Particulars: Yeh No: GB 7886E, INC () / Non-INC ()
Owner / Drivers: () Tel: ()
Policy No: () Period: () Cover Type: ()
Confirmed by: () Date: ()
Insured/Driver Liability: () % (Note: BSL, Stans (WO): NI: 0-20%; PI: 21-79%; P: 80-100M)
Year of Registration: () Warranty: YES () / NO ()
Excess: (\$) Loading: (\$1,000 () / \$2,000 ()

General Rem: ()
() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () Invoice: YES () / NO () Towing Co: ()

Remarks: ()
1) Apply for Transport Allowance () / Courtesy Car ()
2) QC Check / Post Repair Inspection ()
3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()
Date Time: () Actions: ()

MAHVL028651

| Human Resources | Invoice Preparation Charge | Bill | Hand Bill |
|---------------------------------|--|------|-----------|
| Driver/Owner: | 1) AR: Accident Reporting (\$30) | | |
| onset No: | 2) DA: Damage Assessment (\$100) INC (\$50) | | |
| amassed Portion: | 3) TP: Towing Fee \$10/\$40 | | |
| C. Checked by (Engi-In-Charge): | 4) PT: Follow Through Survey \$100 | | |
| | 5) PT: Follow Through Survey (Recovery) \$20 | | |
| | Excluding apdrl INC Only (wef 10 Jun 2008) | | |
| | 6) TR: Re-inspection \$33 | | |
| | 7) NI: NI/DA+SMRT Survey \$160 | | |
| | 8) NTUC Additional Service | | |
| | 9) NI: NI/DA+SMRT Survey \$160 | | |
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Invoice dated: () Fee Charged: ()
Invoice total: () Fee Charged: ()

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

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. 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)

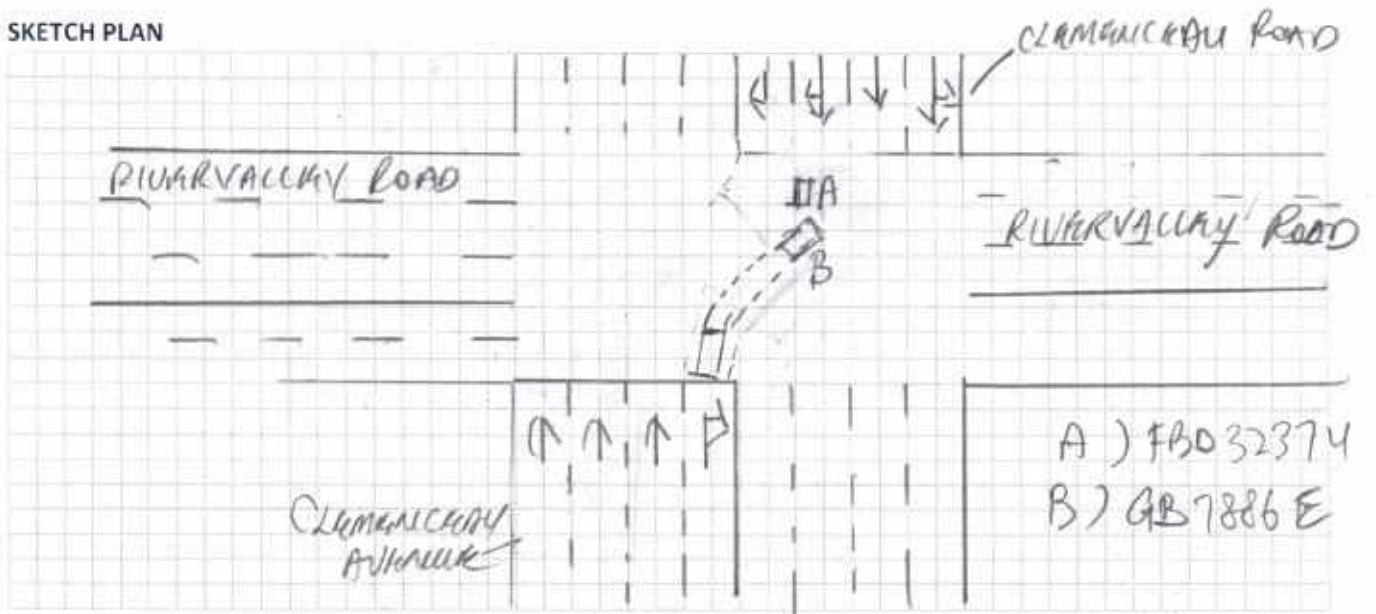
Date & Time:


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
 1/20180228/2008

DECLARATION

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

Policyholder's Signature
 Date & Time:
 1526 28/02/2018

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

Reporting Centre Personnel's Signature
 Name: 28/02/2018
 NRIC/FIN No.:



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

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 |
|--|-------------------------------------|-------------------------|

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. | | | |



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

| Details of Person Involved | | | |
|-----------------------------------|------------------------------------|--|---|
| Any Pedestrian Involved: No | | Use of Pedestrian Crossing: NA | |
| No. of Pedestrians Injured: NIL | | | |
| Driver | | | |
| Name | ALFIAN BIN HANAFHE | ID No. | S9543866J |
| Related Vehicle | FBD3237U (Motorcycle) | Contact No. | 96586455 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B, 2A, 2 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Passenger | | | |
| 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.



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





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 Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/02/2018 01:17

Officer In Charge Of Case:

TP / GIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SN 167

SIGNATURE

ACCIDENT STATEMENT

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

LOCATION: River Valley Rd & Clementine Ave

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: F803237U
- b) INSURANCE COMPANY: MSIG
- c) POLICY NUMBER: MSD/MT/18-379154-CA
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: HONDA CB400Rev6
- 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) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

① REBECCA (WIFE)

- a) NAME: Alfian Bin Hanappe (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S9643866J CONTACT: 9658 6455
- c) ADDRESS: Blk 49 Lower Delta Road #12-03

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
(including driver)
(2)

- 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: 27/11/2016

- 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) owner
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 Jawa

8. THIRD PARTY VEHICLE

No of passengers
(including driver)
()

- a) VEHICLE NUMBER: G37886E MODEL: _____
- b) DRIVER'S NAME: Ong See Chin
- c) NRIC/FIN/PASSPORT: S0098663C CONTACT: 98195146

9. THIRD PARTY VEHICLE

No of passengers
(including driver)
()

- d) VEHICLE NUMBER: _____ MODEL: _____
- e) DRIVER'S NAME: _____ CONTACT: _____
- f) NRIC/FIN/PASSPORT: _____

email = Smaltiers@gmail.com

fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9543866J



Name

ALFIAN BIN HANAFFE

Race

MALAY

Date of birth

27-11-1995

Sex

M

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S9543866J

ALFIAN BIN HANAFFE

Birth Date: 27 Nov 1995
Issue Date: 07 Sep 2017

002721453F

5832623



NRIC No. S9543866J



Date of issue
09-11-2017

Address

APT BLK 48 LOWER DELTA ROAD
#12-63
SINGAPORE 160048

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

EFFECTIVE DATE

| Class | Motorcycles | Effective Date |
|------------|---------------------------------------|----------------|
| C Class 1B | Motorcycles <= 160 CC | 11 Aug 2015 |
| C Class 1A | Motorcycles between 161 CC and 400 CC | 17 Nov 2016 |
| C Class 1 | Motorcycles > 400 CC | 29 Dec 2017 |

S / No. 9000312071

S9543866J

NP 428A





CA 502048
MSIG Insurance (Singapore) Pte. Ltd. (Co Reg No 200412212G)
4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
msig.com.sg

CERTIFICATE OF INSURANCE

Road Transport Act, 1987 (Malaysia)
The Motor Vehicles (Third Party Risks) Rules, 1959 (Federation of Malaysia)
The Motor Vehicles (Third Party Risks and Compensation) Act (CAP. 189 of the Revised Edition) (Republic of Singapore)
The Motor Vehicles (Third Party Risks and Compensation) Rules, 1996 Edition (Republic of Singapore)
Or any Amendment, Act or Acts passed in substitution thereof.

CERTIFICATE NO : WSD/VMT/18-379154-CA A0074-001/10001

SUM INSURED : TPL

EXCESS : NIL

1. Index mark and Registration Number of Vehicle FBD3237U
HONDA
399-C.C.
2. Name of Policyholder ALFIAN BIN HANAFEE
3. Effective date of the Commencement of Insurance
for the purposes of the Act 1204PM 26/02/2018
4. Date of Expiry of Insurance 25/02/2019
5. Persons or Classes of Persons entitled to drive
a. The Policyholder.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle, And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitation as to Use

Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

7. The Policy does not cover

1. Use for hire or reward.
 2. Use for racing, pace-making, reliability trial or speed-testing.
 3. Use for the carriage of goods (other than samples) in connection with any trade or business.
 4. Use for any purpose in connection with the Motor Trade.
- * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

26/02/2018 (KS)
CA/C1-03 (05/13)

COMMERCIAL AGENCY PTE. LTD.
Underwriting Agent
For MSIG Insurance (Singapore) Pte. Ltd.

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 : M1NAY18028651 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 AVENUE / 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 : 27/11/1995

Policyholder / Driver's Signature
Date:

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