

Date In: 28/03/2018 18:03	Job description	Date & Time Completed	Done by
Ref No: NGA/M8580039251	SAS e-filing		
Veh No: FBO 3237U	E-mail (within 2hrs, AIO 2hrs)		
D.O.A: 27/03/2018 22:30	1-Motor Claim Form		
OD TP / Reporting Only	1-Motor W/O (within 2hrs, TP 2hrs)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / OWI:	Tel:	Fax:
TP Particulars	Veh No: 9BB886E	INC ( ) / Non-INC ( )
Owner / Driver:	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date:	Time:
Insured/Driver Liability: ( ) % (Note: B/L Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)		
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

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

Remarks:	INC ( ) / Non-INC ( )	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )		

Injury: \_\_\_\_\_

Date/Time	Action

1/18/80/319	Invoice Preparation Checklist	Bill	Adm. Bill
Insured's Particulars	1) AR: Accident Reporting (\$30)		
Driver/Owner	2) DA: Damage Assessment (\$100)	INC (\$30)	
Contact No:	3) TP: Towing Fee	\$40/\$42	
Assigned Pardon:	4) PT: Follow-Through Survey	\$110	
	5) PT: Follow-Through Survey (Resurvey)	\$120	
	For claimant apply INC only (w/ef 10 Jan 2018)		
	6) TR: Re-inspection	\$15	
	7) NI: 14v DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
	Q11		
C. Checked by (Engr-In-Charge):	9) NI: Courtesy Car / Tpl Allowance	\$5	
	10) Repair Coordination	\$10	
	11) Post Repair Inspection	\$15	
	12) NY / Collision / Coordination	\$5	
	TP (NI) / TP (Non-INC) against INC	\$10	
	13) NTUC Mobile	\$10	
	Invoice total		
	Per Charged		
	Invoice total		



## 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	GBB7886E
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





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
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Informant's Particulars			
Name of Informant: ALFIAN BIN HANAFIE		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

### 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

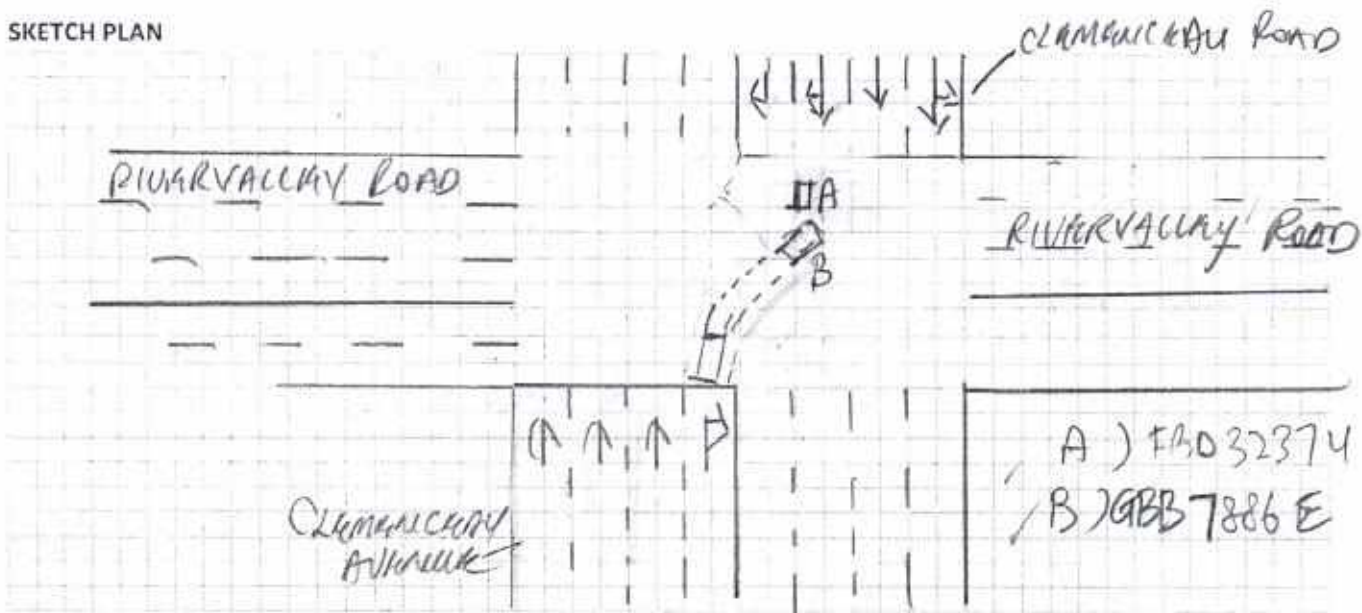
Name:

NRIC/FIN No.:

28/02/2018  
Kosli Watson



# 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:  
 NRIC/FIN No.:



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

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
<b>Driver</b>			
Name	ALFIAN BIN HANAFFE	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
<b>Passenger</b>			
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.**

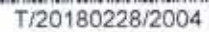
On the 27/02/2018 at about 2200hrs, I was riding my motorbike (FBD3237U) along Clemenceau Road towards Havelock Road along with my wife, Rebecca Ong Lay Ching (S9733127H). At the junction of Clemenceau Avenue and Rivervale Road, a Silver Toyota Van was slowing down to turn right into Clarke Quay from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





3 of 4

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 & Clemenceau Ave

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FB03237U  
 b) INSURANCE COMPANY: MSIG  
 c) POLICY NUMBER: MSD1VMT118-379154-CA  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: HONDA CB400Rev0  
 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 Hanafie (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 99643266J CONTACT: 9658 6455  
 c) ADDRESS: Bill 48 Lower Delta Road #12-63

\* 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)  
 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

No of passengers  
(including driver)  
( )

- a) VEHICLE NUMBER: CB7886E MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: ong See Chin  
 c) NRIC/FIN/PASSPORT: 50098663C 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

Licence Number S9543866J

ALFIAN BIN HANAFFE

Birth Date: 27 Nov 1995

Issue Date: 07 Sep 2017



5832623



NRIC No S9543866J



Date of issue  
09-11-2017

Address

APT BLK 4B LOWER DELTA ROAD  
#12-63  
SINGAPORE 160048

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

EFFECTIVE DATE

C	Class 2B	Motorcycles <= 200 CC	11 Aug 2015
C	Class 1A	Motorcycles between 201 CC and 400 CC	17 Nov 2016
	Class I	Motorcycles > 400 CC	19 Dec 2017

S / No. 9000312071

S9543866J

NP 428A







CA 502048

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212Q)  
4 Shenton Way, # 21-01, SGX Centre 2, 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, 1989 (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 : MSD/VMT/18-378154-CA A0074-001/10001

SUM INSURED : TPL

EXCESS : NIL

1. Index mark and Registration Number of Vehicle FHD1217U  
HONDA 399 c.c.
2. Name of Policyholder ALFIAN BIN HANAPPE
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).

**COMMERCIAL AGENCY PTE. LTD.**

Underwriting Agent

For MSIG Insurance (Singapore) Pte. Ltd.

26/02/2018 (KSI)

CA/CI-03 (05/13)

**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 : M1A41R028651 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 : 27/02/2018 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 INJURED NAME ALFIAN BIN HANAFFE

② DATE OF BIRTH : 27/11/1995

Policyholder / Driver's Signature \_\_\_\_\_  
Date: \_\_\_\_\_

  
Reporting Centre Personnel's Signature  
Name: POLY WONG  
NRIC/FIN No.: \_\_\_\_\_  
Date: 28/02/2018



**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: MNA4802881-02 Vehicle Registration No: FB032374

Name (as shown in NRIC): ALFION BEN HANAFEE 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: 22/02/2018 Time of Accident: 22:30

Place of Accident: JUNCTION OF CLAMMENCEL AVE / RIVER VALLEY RD

Insurance Company: MSL

**(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:

TP VEHICLE 2<sup>nd</sup> TIME FROM GBB7886E TO GBB7886E

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: ROSE L. LAM  
NRIC/FIN No:  
Date: 06/03/2018

**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 : MA418028651-03 Vehicle Registration No: FBD 32374  
Name (as shown in NRIC): ALFIAN BIN HANAFER 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 : 27/03/2018 Time of Accident : 22:30

Place of Accident : Junction of Cinnamon Ave / River Valley Rd

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:

AMEND T/P VEHICLE NUMBER TO GBB 7886E  
ON SKRIPIT PLAN.

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Rafael Munir  
NRIC/FIN No.:  
Date: 09/03/2018