

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	24/02/2019 16:10
Date Of Accident	23/02/2019 11:00
Exact Location Of Accident	ALONG BUKIT TIMAH RD TURNING TOWARDS DUNEARN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ6230L
Insured/Policyholder	
Name Of Registered Owner	DOMENICO DE FRANCESCHI
NRIC No	S7269713H
Email Address	DDEFRANCESCHI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96209837
Alternative Phone No	OFFICE-96209837

Vehicle Particulars

Manufacturer	DUCATI
Model	HYPERSTRADA
Exact Purpose for which vehicle was being used at time of accident	MOTORCYCLE
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	Q/D18MTMC01003455
Cover Note Number	

Driver

Name of Driver	DOMENICO DE FRANCESCHI
NRIC No	S7269713H
Date Of Birth	06/07/1972
Occupation	INDOOR
Date Of Driving Pass	02/09/2008
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96209837
Fax Number	
Contact Number	OFFICE-96209837
Email Address	DDEFRANCESCHI@GMAIL.COM

Address	NIL
Postcode	
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	NO COLLISION
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	BUKIT TIMAH N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO: T/20190223/2113(LODGED AT BUKIT TIMAH N.P.C) ON 23/02/2019 AT 11AM I WAS RIDING MY DUCATI FBJ6230L ALONG DUNEARN ROAD AT 50KM/H. I THEN SAW A VEHICLE U-TURNING FROM THE OPPOSITE ROAD FROM BUKIT TIMAH ROAD TOWARD DUNEARN ROAD. HE VEHICLE TURN TOWARDS SIME DARBY CENTRE AFTER THE U-TURN WHICH SHE CROSS THE DOUBLE WHITE LINE AROUND THE AREA. I TURN MY MOTORCYCLE AND FELL AS A RESULT OF HER CROSSING THE DOUBLE WHITE LINE AS I TRIED TO AVOID THE DRIVER. THE VEHICLE CAME BACK AFTER A WITNESS SAW THE HAPPENED AND CALL FOR THE DRIVER TO COME BACK. THE DRIVER THEN EXCHANGE PARTICULARS WITH ME AND INFORMED TO CLAIM INSURANCE IF THE AMOUNT IS TO HIGH. I WENT TO SEE A DOCTOR AT GLENEAGLE HOSPITAL. AND WAS GIVEN MEDICATION. THE AMOUNT OF MY CONSULTATION IS SG\$312.24/- MY MOTORCYCLE ESTIMATED DAMAGE COST: SGD\$9000/- I DO NOT HAVE ANY IN CAR CAMERA ON MY MOTORCYCLE. THE WITNESS ALSO DOES NOT HAVE ANY IN-CAR CAMERA IN HIS VEHICLE I AM LODGING THIS REPORT TO CLAIM INSURANCE FROM THE OTHER PARTIES THE WITNESS: JAN CONTACT NUMBER: 98795949

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	JAN
Phone Number	98795949
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS3129B
Vehicle Make/Model/Colour	TOYOTA / C-HR HYBRID 1

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	ANNE-MARIE LIM SIM PING
NRIC/Passport Number	S9310443I
Contact Number	81805782
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

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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 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.
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.

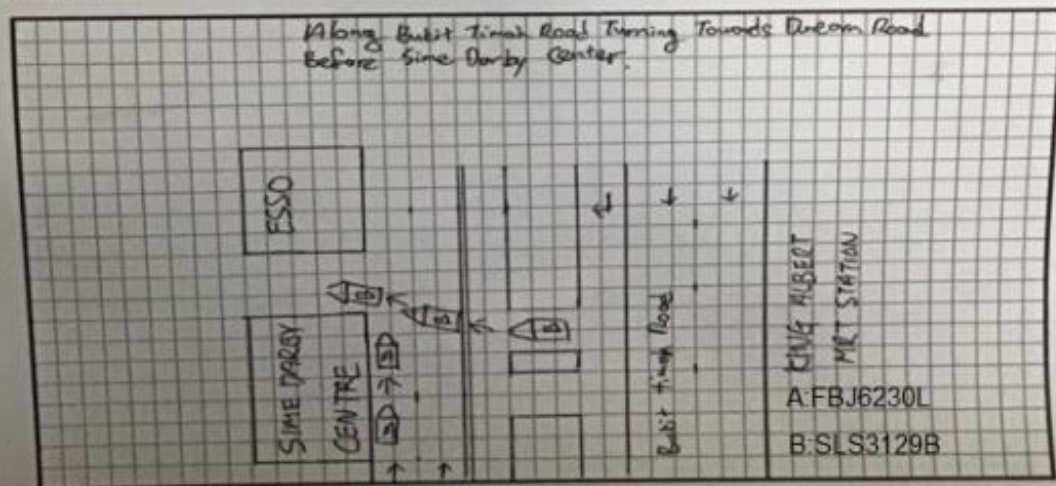
VERIFIED BY AJAX MARS
REPORTING OFFICER
JOHNNY VOO

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190223/2113

Police Station Of Origin
Bukit Timah N.P.C.
1 Duke's Road SINGAPORE 258914
Tel No: 1800-4629999

1 of 3

Report No: T/20190223/2113

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/02/2019 16:42	Vide Report No.:	Station Diary No. 119
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Informant's Particulars

Name of Informant: DOMENICO DE FRANCESCHI			Address: 40A GREENBANK PARK SINGAPORE 589416		
ID Type / ID No.: NRIC NO / S7269713H			Contact No.: Home/Office: Mobile: 96209837		
Nationality: ITALIAN			Email:		
Sex: Male	Age: 46	Date of Birth: 06/07/1972	Type of Informant: Driver		
Race: Caucasian			Language: English		Institution / School Name:
Occupation: BANKER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/02/2019 11:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BUKIT TIMAH ROAD DUNEARN ROAD Bukit Timah Road Turning Toward dunearn road before Sime Darby Centre				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBJ6230L	Motorcycle	DUCATI	HYPERSTR ADA	Red	Seriously Damaged	0
SLS3129B	Car				No Damage	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No. 1800-4629999



T/20190223/2113

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Report No: T/20190223/2113

CONTINUATION OF REPORT

Rider			ID No	S7269713H
Name	DOMENICO DE FRANCESCHI		Contact No	96209837
Related Vehicle	FBJ6230L (Motorcycle)		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	GLENEAGLES HOSPITAL		Date Discharge	23/02/2019
Date Treatment	23/02/2019	No. of Days granted Medical Leave	NIL	Degree of Injury Slight
Driver			ID No	S9310443I
Name	Anne-Marie Lim Sim Ping		Contact No	81805782
Related Vehicle	SLS3129B (Car)		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL		Date Discharge	NIL
Date Treatment	NIL	No. of Days granted Medical Leave	NIL	Degree of Injury NIL

Brief Details.

On 23/02/19 at 1100am I was riding my Red Ducati FBJ6230L along Dunearn road at 50KM/H. I then saw a vehicle U-turning from the opposite road from Bukit Timah Road toward Dunearn road. The vehicle turn towards Sime Darby Centre after the U-Turn which she cross the double white line around the area. I turn my motorcycle and fell as a result of her crossing the double white line as I tried to avoid the driver. The vehicle came back after a witness saw what happened and call for the driver to come back. The driver then exchange particulars with me and informed to claim insurance if the amount is too high. I went to see a doctor at gleneagle hospital. And was given medication. The amount of my consultation is SG\$312.24/-

My motorcycle estimated damage cost: SGD\$9000/-

I do not have any in car camera on my motorcycle. The witness also does not have any in-car camera in his vehicle

I am lodging this report to claim insurance from the other parties.

The witness : Jan
contact number 96795949

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190223/2113

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

3 of 3

Report No: T/20190223/2113

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 /
Sgt 2 TEE PENG SHENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
23/02/2019 16:42

Officer In Charge Of Case:

TP / AEIT /
Sr Staff Sgt STEPHANIE, CHEUNG TSE YING
Contact No.: 90020518

Classification Of Case:

SN 170

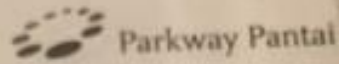
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SIGNATURE

PATIENT DEMOGRAPHICS

Reg. No: S3029036K



Memo

Patient Demographics

Name:	DE FRANCESCO, DOMENICO		Location:	24HR WALK-IN CLINIC AND ACCIDENT & EMERGENCY 5A Napier Road Singapore 258500
Identification No.:	S7269713H	Date of Birth:	6-Jul-1972	
MRN No.:	4315653	Age:	46y	
Visit No.:	1019015570	Nationality:	-	
Visit Date:	23/02/2019 13:40	Height/Weight:	0cm/0kg	
Gender:	Male			
Address:	BLK40A, GREENBANK PARK Singapore 589416			
Allergies:	No Known Allergies			
Medical Alerts:	N.A			
Medical/Surgical History:	N.A			

History of Presenting Illness

46 years Male,

NKDA,

Now P/w

1. Abrasions over R elbow and R thigh since today afternoon.
 - was riding a motorcycle and a car allegedly came into his lane causing him to hit the brakes suddenly,
 - motorcycle self skidded for a distance but he left the motorcycle trying to save himself,
 - denies any HI or LOC,
 - no neck or back pain, no chest or abdominal pain,
 - mild pain over the abrasions but able to walk without any issues.

Diagnosis

N.A

Physical Exam

General/Respiratory/Cardiovascular/Comments

Respiratory: Not examined

Cardiovascular: Not examined

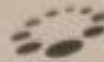
Requested By: Gauresh Girish Indulkar
(Physician)

Prescribed For: 23 Feb 2019 14:30

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PATIENT DEMOGRAPHICS

Reg. No.: 55029039K



Parkway Pantai

Memo

Comments/Examinations:

Abrasions over the medial aspect of the R thigh and extensor aspect of R elbow.

Mild erythema 2x2cm overlying the lower part of hypothenar eminence of R hand and overlying the R patella.

No underlying bony tenderness over the R knee, R elbow, R wrist and hand.
ROM of the R knee and R elbow, R hand and wrist is full and not painful.

Issues: 1. Abrasion over the R elbow and R thigh
2. Contusion of the R knee and R hand

Assessment / Plan

Treatment Plan

IM Tetanus vaccine as last dose was more than 5 years ago.

PO Arcoxia for analgesia and anti-inflammatory effect.

Activities as tolerated by pain.

Discharged Medication

Arcoxia Tablet, at Discharge Order (120mg) via Oral Give 1 Tablet(s) Daily for 5 Days. 23-Feb-2019

Attending Doctor/SMC Number

Attending Doctor: Gauresh Girish Indulkar

SMC Number: 16842d

Signature: _____

Date: _____

23/2/19

Requested By: Gauresh Girish Indulkar
(Physician)

Requested On: 23 Feb 2019 14:05

Page 3 of 5

g of material facts may
of insurance companies.
Insurance Association
selected parties.
d to copies of the report

direct, use, disclose and/or
by me or possessed by
surety(s) who have insured
actively referred to as the
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investigations relating to

me, which could involve
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PORTING OFFICER
JOHNNY VOO

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7269713H**



DOMENICO DE FRANCESCHI

Race
CAUCASIAN

Date of birth
06-07-1972

Sex
M

Country of birth
ITALY

S7269713H

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7269713H**

Name
DOMENICO DE FRANCESCHI

Birth Date **06 Jul 1972**

Issue Date **02 Aug 2013**



002209500C



Identification Card

9067698



S7269713H



Nationality
ITALIAN

Date of issue
30-10-2009

40A GREENBANK PARK
SINGAPORE 589416

NRIC No: S7269713H Date: 18/10/2017

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

	EFFECTIVE DATE
Class 2B Motorcycles \leq 200 cc	02 Sep 2008
Class 2A Motorcycles between 201 cc and 400 cc	02 Sep 2008
Class 2 Motorcycles $>$ 400 cc	02 Sep 2008
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	02 Sep 2008

NP 428A

Licence No: S7269713H



Addendum Sheet Pg. 1



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: S66S0020G / GST Reg. No.: M400017735

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 : MBHH19025389 Vehicle Registration No: FBJ6230L
Name(as shown in NRIC) : DOMENICO DE FRANCESCHI NRIC/FIN/Passport No : S7269713H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 96209837
Email Address : ddefranceschi@gmail.com
Date of Accident : 23/02/2019 Time of Accident : 11:00 HRS
Place of Accident : Along Bukit Timah Road Turning Towards Dunearn Road Before Sime Darby Center.
Insurance Company: SOMPO INSURANCE SINGAPORE PTE LTD

(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:

ATTACHED PHOTO.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Elizabeth
NRIC/FIN No.:
Date: 26/02/2019