

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	21/11/2020 15:39
Date Of Accident	20/11/2020 09:20
Exact Location Of Accident	CHOA CHU KANG AVE 1/CHOA CHU KANG AVE 7 JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL9024K
Insured/Policyholder	
Name Of Registered Owner	RAFAL ROCZNIAK
NRIC No	SXXXX600D
Email Address	RAFAL.ROCZNIAK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92955556
Alternative Phone No	OTHERS-92955556

Vehicle Particulars

Manufacturer	HONDA
Model	CBF 190-184CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/20-412244-CA
Cover Note Number	

Driver

Name of Driver	RAFAL ROCZNIAK
NRIC No	SXXXX600D
Date Of Birth	30/11/1978
Occupation	INDOOR
Date Of Driving Pass	22/10/2015
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92955556
Fax Number	
Contact Number	OTHERS-92955556
Email Address	RAFAL.ROCZNIAK@GMAIL.COM

Address	BLK 218C BOON LAY AVENUE #10-293
Postcode	643218
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 - HEAD TO REAR
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?	YES
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	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201120/2082

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE3219S
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KOH TECK HOCK
NRIC/Passport Number	SXXXX574A
Contact Number	96798667
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	RAFAL ROCZNIAK
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBL9024K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.

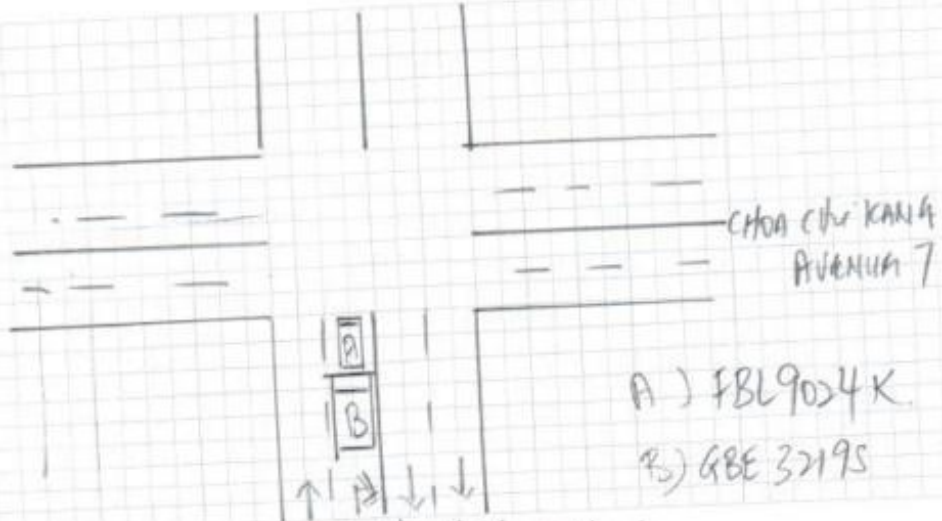

Policyholder's Signature
Date & Time: 20/11/2020
16:55

Driver's Signature
(If driver is not the policyholder)


Reporting Centre Personnel's Signature
Name: 

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CHOA CHU KANG AVENUE 1

REFER TO POLICE REPORT 7/2020/1120/2082

DECLARATION

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

Police Officer
20/11/2020
16:55

Resd. 21/11/2020
18/11/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20201120/2082

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20201120/2082

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
20/11/2020 15:56

Vide Report No.:

Station Diary No.:
127

Informant's Particulars

Name of Informant:
RAFAL ROCZNAK

Address:
APT BLK 218C BOON LAY AVENUE #10-293 SINGAPORE
643218

ID Type / ID No.:
NRIC NO / S7886600D

Contact No.:
Home/Office: Mobile: 92955556

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male Age: 41 Date of Birth: 30/11/1978

Type of Informant:
Rider

Race:
Caucasian

Language: English Institution / School Name:

Occupation:
THERAPIST

Driving Licence Information:
Class: 2B,3 Date of Expiry:

General Information of the Accident

Type of
Accident:

Injury
Others

Drink
Drive:
No

Date/Time of
Accident:
20/11/2020 09:20

Type of Location:
X-Junction

Location:

CHOA CHU KANG AVENUE 1

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:

Traffic Control:
Traffic Light - Working

Traffic Volume:
Moderate

Type of Collision:
Between Moving Vehicles - Head To Rear

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL9024K	Motorcycle	HONDA	CBF190WH	Black	Slightly Damaged	0
GBE3219S	Van	TOYOTA	TOYOTA HIACE VAN TURBO 5 DR MANUAL	Silver	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T/20201120/2082

2 of 3

Police Station Of Origin:

Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

Report No. T/20201120/2082

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL9024K	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72242550	27/04/2020	26/04/2021

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Rider

Name	RAFAL ROCZNAK	ID No.	S7886600D
Related Vehicle	FBL9024K (Motorcycle)	Contact No.	92955556
Hospital/Clinic	EHA CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	20/11/2020	Date Discharge	20/11/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Driver

Name	KOH TECK HOCK	ID No.	S7419574A
Related Vehicle	GBE3219S (Van)	Contact No.	96798667
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 20/11/2020 at about 9:20am, I was riding V1) FBL9024K along Choa Chu Kang Ave 1 towards Chao Chu Kang Drive and wanted to make a right turn to Choa Chu Kang Ave 7. As the traffic light turned green, I was along the extreme right lane and was about to move off and I felt a sudden impact from the rear and noticed that V2) GBE3219S had collided with V1. Subsequently, I made a check on the vehicle and both myself and the driver of V2 exchanged particulars. Before V2 drove off, he informed me that he wishes to settle it privately and that it was my fault that causes the accident and told me that I have to pay for V2's damages which estimated about \$1500/-. As I felt pain on my right shoulder and my left middle toe, I went to visit the doctor and was given 03 days of MC.

Police Report



SINGAPORE
POLICE FORCE



T/20201120/2082

3 of 3

Report No. T/20201120/2082

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel.No: 1800-2689999

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:
J/
SCSGT(1) MUHAMMAD NAZRI BIN MOHAMED
SANI

Signature Of Informant:

Refat Sanusi

Signature Of Interpreter:
Not applicable

Date/Time:
20/11/2020 15:56

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

Authentication Stamp
NPT/20

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



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