

NATIONAL Assessment Centre Services

Ref: J2-025

MAA120103492

Date In: 21/1/2020 15:39	Job description	Date & Time Completed	Done by
Ref No: N/A/MSG200128244	SAS e-filing		
Veh No: FEL 9024K	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 20/1/2020 09:50	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GBE 32198	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (% [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 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 repairer.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. ()

Remarks:	Date & Time Completed:	Done by:
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:

Defects:

NA2006188	Invoice Preparation Checklist	Unit(s):	Att: (s):
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$30)		
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) YT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR: Re-inspection	\$75		
7) N1: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:-			
ON:			
*N5: Courtesy Car / Tp Allowance	\$5		
*N6: Repair Co-ordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$5		
TP (N11): TP (Non INC) against INC	\$20		
9) N12: Idao Mobile	\$0		
Invoice dated	Fee Charged		
Invoice dated	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 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	

SKETCH PLAN

IMPORTANT NOTICE

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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: 20/11/2020

16:55

Driver's Signature

(If driver is not the policyholder)

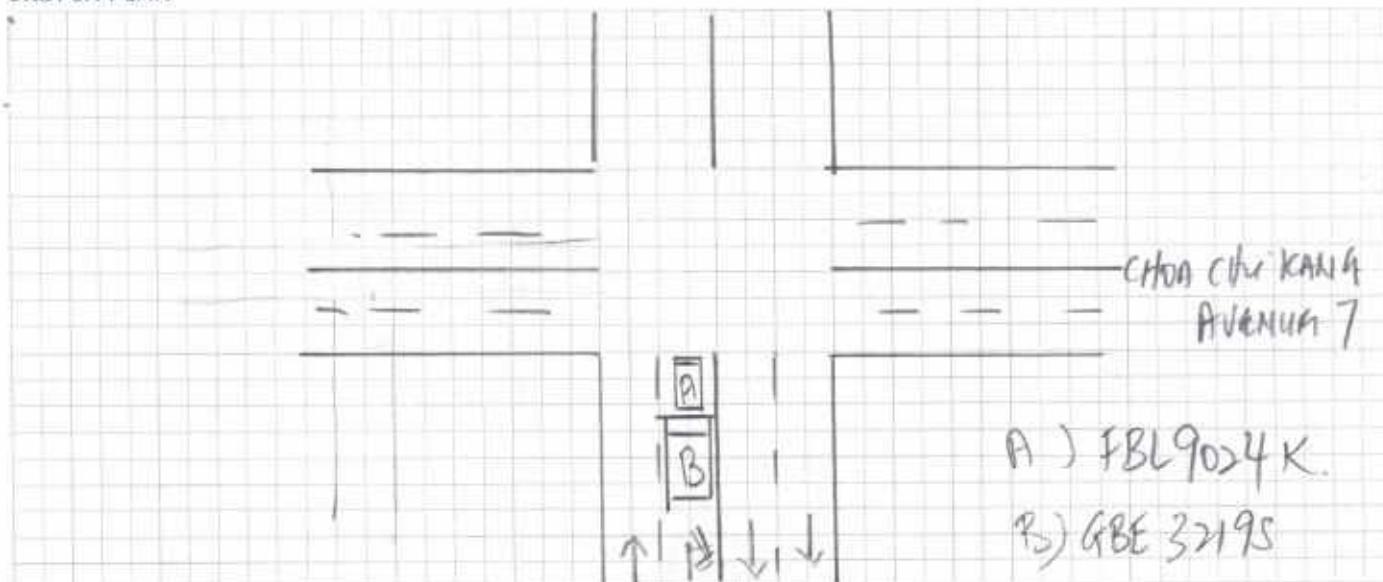

Reporting Centre Personnel's Signature

Name:

21/11/2020

Kosli, M. A. M.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CHOA CHU KANG AVE 1

REFER TO POLICE REPORT 7/2020/11/20/2082

DECLARATION

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

Police Officer
20/11/2020
16:55

an 21/11/2020
Resd *10/11/20*

ACCIDENT STATEMENT

ACCIDENT DATE: 30/11/2020 (DD/MM/YYYY), TIME: 09:20 (HH:MM)

LOCATION: CHOA CHU KANG

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL9024K
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: MSD/VMS/20-412244-CA
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA CBP 190 LH
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: RAFAL ROCZNIAK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7886600D CONTACT: 92955556
 c) ADDRESS: BLK 218C, BODN LAY AVENUE #10-292
S6 643218

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER AS ABOVE

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 30/11/1978 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS 22/10/2015

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBE32195 MODEL: TOYOTA
 b) DRIVER'S NAME: KOH TECK HOCK
 c) NRIC/FIN/PASSPORT: S7419574A CONTACT: 96798667

9. THIRD PARTY VEHICLE

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

Email = rafal.rocznia@pmail.com

VIDEO



SINGAPORE POLICE FORCE



T/20201120/2082

1 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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/11/2020 15:56	Vide Report No.:	Station Diary No.: 127
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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

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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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.



**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 Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Signature Of Informant:

Date/Time:

20/11/2020 15:56

Classification Of Case:

Authentication Stamp

Noted: Signature

Singapore Police Force

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
msig.com.sg

MOTORCYCLE INSURANCE SCHEDULE**DATE OF ISSUE:** 23/04/2020**AGENCY:** A0074-001-10225
COMMERCIAL AGENCY PTE LTD**POLICY NO:** MSD/VMS/20-412244-CA**INSURED:****NAME:** RAFAL ROCZNAK
ADDRESS: 218C BOON LAY AVE
#10-293
SE 643218**NRIC NO:** S7886600D
DATE OF BIRTH: 30/11/1978 (41 yrs)
DRIVING EXP: 22/10/2015 (4 yrs)
CONTACT NO: 92955556**BUSINESS OR PROFESSION:** EDITOR**PERIOD OF INSURANCE FROM:** 27/04/2020 **TO** 26/04/2021
12:01AM**REGISTRATION NUMBER:** FBL9024K**CUBIC CAPACITY:** 164**MAKE OF VEHICLE:** HONDA**YEAR OF REGISTRATION:** 2017**INSURED ESTIMATE OF VALUE:** PMV
PREVAILING MARKET VALUE**SEATING CAPACITY:** 2**AUTHORISED DRIVERS:**THE INSURED
MUHAMMAD KHIR HELMI BIN ABDULLAH ONLY

NRIC: S8432644E DOB: 10/10/1984 EXP: 21/09/2006 OCCP: CUSTOMER SERVICE

ENDORSEMENTS APPLICABLE: 2C 2K 3Q 15 M23 94 97 - INSURED**PREMIUM:** 176.00**EXCESS:** \$300(FIRE&THEFT) \$600(ENDT 2K)**GST @ 7%:** 12.32**TOTAL:** 188.32

NO CLAIM BONUS OF 20% IS ALLOWED

**NAME OF EMPLOYER AND OR
HIRE PURCHASE OWNER:** UNIVERSAL MOTORS PTE LTD**REPLACING POLICY NO:** MSD/VMS/19-398406-CA

MSIG Insurance (Singapore) Pte. Ltd.

Sanction Limitation and Exclusion Clause

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

Approved Insurers