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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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 witholding 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.
- Any false reporting may be referred to the Police for investigation.
- 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

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21/11/2020 15:39 Date Of Report 20/11/2020 09:20 Date Of Accident

CHOA CHU KANG AVE 1/CHOA CHU KANG AVE 7 JUNCTION Exact Location Of Accident

SINGAPORE Country/State of Loss

### **DETAILS OF OWN VEHICLE**

FBL9024K Vehicle Registration Number

Insured/Policyholder

RAFAL ROCZNIAK Name Of Registered Owner

SXXXX600D NRIC No

RAFAL, ROCZNIAK@GMAIL.COM Email Address

(LOCAL) +65-92955556 Mobile Phone No. OTHERS-92955556 Alternative Phone No

Vehicle Particulars

HONDA Manufacturer

CBF 190-184CC Model

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?

If No. Please state action to be taken

THIRD PARTY MOTORCYCLE

Insurance Company

Vehicle Category

MSIG INSURANCE (SINGAPORE) PTE. LTD. Name of Insurance Company

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

Fleet Policy

MSD/VMS/20-412244-CA Policy Number

Cover Note Number

Driver

RAFAL ROCZNIAK Name of Driver

SXXXX600D NRIC No 30/11/1978 Date Of Birth INDOOR Occupation 22/10/2015 Date Of Driving Pass

5 YEARS AND 0 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-92955556 Mobile Number

Fax Number

OTHERS-92955556 Contact Number

RAFAL.ROCZNIAK@GMAIL.COM EMail Address

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

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# 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)

2

involved in the accident
Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

N Innivited

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

34

#### Number of Passengers (Including Driver)

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

**Details of Police Action** 

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** 

C

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

KOH TECK HOCK

NRIC/Passport Number

SXXXX574A

Contact Number

96798667

Address

Postcode

Insurance Company Name

Page 2 of 22

### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:
  - 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: 20 111 /2020

Driver's Signature

(If driver is not the policyholder)

Seporting Centre Personn

Name:

re Personnel's Signature

16.55

16:55

# ACCIDENT STATEMENT

ACC	CIDENT DATE:(_	30,11.2	20)(DD/MM/Y	YYY), TIME:(_	09:20	(MM:HH)
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(	c) NRIC/FIN/		57419574A	CONTAC	T: 967	98667
9.	THIRD PARTY V		7.0			
No of passenger	d) VEHICLE N	. AV. 11 DOV		MODEL:_		
Including driver)	e) DRIVER'S	- C 13 CL - 1 M				· · · · ·
( Supplied to the supplied to	I) NRIC/FIN/I	PASSPORT:		CONTAC	T:	
( )		740				
12.00				8	200	(%)

email = rafal roczniet@pmeil.com VIDBO





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		
Informan	t's Particu	lars				
Name of Informant: RAFAL ROCZNIAK			Address: APT BLK 218C BOON LAY AV 643218	/ENUE #10-293 SINGAPORE		
ID Type /	ID Type / ID No.: NRIC NO / S7886600D		Contact No.: Home/Office:	Mobile: 92955556		
Nationali	Nationality: SINGAPORE CITIZEN  Sex; Age: Date of Birth:		Email:			
Sex;			Type of Informant: Rider	Institution / School Name		
Race:	Race:		Language: English	Institution / School Hame		
The second secon	Caucasian Occupation:		Driving Licence Information: Class: 2B,3	Date of Expiry:		

Seneral Information 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	Road Surface:		Road Speed Limit:	
Weather:	Weather:				
Clear Traffic Flow:		Traffic Control: Traffic Light - W	orking	Traffic Volume: Moderate	
Turn of Coll			316113	Anyone conveyed by ambulance:	

Details of V	ehicle Involve	d	Model	Color	Condition	No of Passenge
Vehicle No.	Type	Make	111		Slightly	0
BL9024K	Motorcycle	HONDA	CBF190WH	Black	Damaged	
			TOVOTA	Silver	Slightly	2
GBE3219S	Van	TOYOTA	TOYOTA HIACE VAN TURBO 5 DR MANUAL		Damaged	

the same			ALC: 10 - 10	
Details of V	ehicle Insurance	Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company	Insulance No	B. Life Samuel	





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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

	Insurance Company	Insurance No	Effective	Expiry Date
Vehicle No.		WITE POSSESSED TO THE P	27/04/2020	26/04/2021
FBL9024K	MSIG INSURANCE (SINGAPORE) PTE, LTD.	72242550	27/04/2020	20/04/2021

Any Pedestrian In	volved: No					
No. of Pedestrians			Use of Pe	destrian	Cross	ng: NA
Rider						0.0000000
Name	RAFAL ROCZNIAK			ID No.		S7886600D
Related Vehicle	FBL9024K (Motorcycle)			Contac	t No.	92955556
Hospital/Clinic	EHA CLINIC	HA CLINIC		Class of Driving Licence Expiry	e &	Class: 2B,3 Date of Expiry: NIL
Date Treatment	20/11/2020		Date Dis	charge		/2020
No. of Days gran	ted Medical Leave	03	Degree	of Injury	Sligh	t
Driver						074405744
Name	KOH TECK HOCK			ID No.		S7419574A
Related Vehicle	GBE3219S (Van)			Conta	ct No.	96798667
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Di	scharge	NIL	
No of Days grat	nted 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. 6





T/20201120/2082

3 of 3

out pour

Report No. T/20201120/2082

Police Station Of Origin: Jurong West N.P.C 7.00 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

Anthentication Stamp Nated

Singapore Police Force

CONTINUATION OF REPORT

		4.7			
-	2	1			an
-	Mr (Q.)		n	-	211
-	P. C.	100			all

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No The X

Informant is not able to provide sketch plan FEE

Signature Of Officer Recording The Report:  J / SCSGT(1) MUHAMMAD NAZRI BIN MOHAMED SANI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/11/2020 15:56
Officer In Charge Of Case:	Classification Of Case:



MSIG Insurance (Singapore) Pte. Ltd. (co Reg No 2004122120) 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 ROCZNIAK

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

12:01AM

TO

26/04/2021

REGISTRATION NUMBER: FBL9024K

CUBIC CAPACITY:

164

MAKE OF VEHICLE:

YEAR OF REGISTRATION:

INSURED ESTIMATE OF VALUE: PMV

PREVAILING MARKET VALUE

SEATING CAPACITY: 2

### AUTHORISED DRIVERS:

THE INSURED

MUHAMMAD KHIR HELMI BIN ABDULLAH ONLY.

NRIC: \$8432644E 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 @ 700

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