

# 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 Submission ..... 10/02/2022 18:11 (SGT)  
Date of Accident ..... 25/01/2022 20:50 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PASIR PANJANG TOWARDS CLEMENTI  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBR122M

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MUHAMMAD DANISH MOHAMED JUPRI  
NRIC No ..... S9807018D  
Email Address ..... MUHAMMADDANISH951@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-98297095  
Alternative Phone No ..... +65-98297095

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... AEROX GDR155A CVT ABS  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Motorcycle  
Transmission ..... Auto  
CC ..... 155

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... P2382820  
Cover Note Number ..... 03/02/2021 - 02/02/2022

### DRIVER

Name of Driver ..... MUHAMMAD DANISH MOHAMED JUPRI  
NRIC No ..... S9807018D

Date Of Birth .....	08/03/1998
Occupation .....	Outdoor
Date Of Driving Pass .....	21/02/2018
Driving experience .....	3 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98297095
Alt. Phone Number .....	+65-98297095
Email Address .....	MUHAMMADDANISH951@GMAIL.COM
Address .....	BLK 109 BUKIT BATOK WEST AVE 6 #10-24
Address complement .....	-
Postcode .....	650109
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Change/cross lane
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	SHANNIZAH NIQ ADILLAH BINTE SHAMSANNI
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Queenstown Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004719999
Alt. Police Station Phone No .....	(Fax) +65-64715299
Police Station Address .....	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLD9275B
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

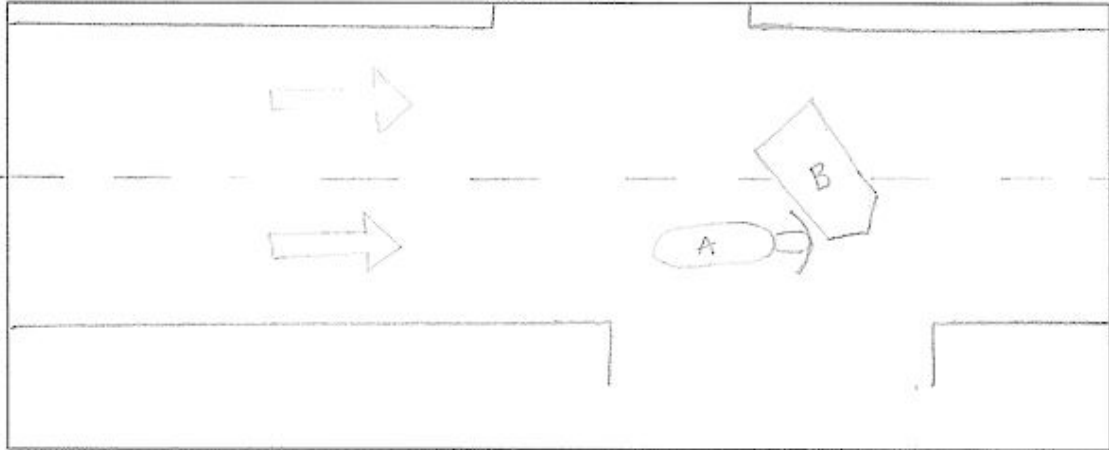
### INJURED 1

Name of injured person .....	MUHAMMAD DANISH MOHAMED JUPRI
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	MULTIPLE ABRASION ON LEFT SHOULDER, LOWER LEG & BOTH PALMS. AND THE TENDON TORE ON LEFT KNEE AND TO UNDERGO AN OPERATION.
Injured person in which vehicle? .....	FBR122M
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

### INJURED 2

Name of injured person .....	SHANNIZAH NIQ ADILLAH BINTE SHAMSANNI
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SUFFERED CONCUSSION , LEFT LEG, KNEE & ANKLE ABRASION.
Injured person in which vehicle? .....	-
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

Date of accident: 25 Jan 2022 Time: 08:50 PM Location: Basir panyeny towards Clementi  
 My Vehicle A: FBR123M Vehicle B: SLD9275B Vehicle C: \_\_\_\_\_  
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police Report No.  
T/20220210/2073

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop :

Email address :

& myself :

Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature

Date & Time: 9/2/22

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



[AH LIM MOTOR COMPANY]

**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: 9/2/22

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:









































**SINGAPORE  
POLICE FORCE**



T/20220210/2073

1 of 1

Police Station Of Origin  
Queenstown N P C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20220210/2073

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made 10/02/2022 17:04		Vide Report No D/20220125/0097		Station Diary No 43	
<b>Informant's Particulars</b>					
Name of Informant MUHAMMAD DANISH MOHAMED JUPRI			Address APT BLK 109 BUKIT BATOK WEST AVENUE 6 #10-24 SINGAPORE 650109		
ID Type / ID No. NRIC NO / S9807018D			Contact No. Home/Office: Mobile 98297095		
Nationality SINGAPORE CITIZEN			Email:		
Sex Male	Age 23	Date of Birth 08/03/1998	Type of Informant: Rider		
Race Chinese			Language:		Institution / School Name
Occupation: QUALITY ASSURANCE STAFF			Driving Licence Information: Class: 2B,2A Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/01/2022 20:35	Type of Location: Straight Road
Location:  PASIR PANJANG ROAD				
Lamp Post Number: 142				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR122M	Motorcycle	YAMAHA	AEROX GDR155A CVT ABS	Black	Seriously Damaged	1
SLD9275B	Car		MAZDA3 4-DOOR SEDAN 1.5L SP 6EAT	Silver	Slightly Damaged	0



# SINGAPORE POLICE FORCE

Police Station Of Origin  
Queenstown N P C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No. 1800-4719999



1/20220210/2073

Report No. 1/20220210/2073

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
FBR122M	AXA INSURANCE SINGAPORE PTE LTD	P2382820	03/02/2022	02/02/2023

Details of Person Involved			
Any Pedestrian Involved No			
No. of Pedestrians Injured NIL			
Rider		Use of Pedestrian Crossing NA	
Name	MUHAMMAD DANISH MOHAMED JUPRI	ID No.	S9807018D
Related Vehicle	FBR122M (Motorcycle)	Contact No.	98297095
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	25/01/2022	Date Discharge	28/01/2022
No. of Days granted Medical Leave	49	Degree of Injury	Serious
Name	SHANNIZAH NIQ ADILLAH BINTE SHAMSANNI	ID No.	T01305971
Related Vehicle	FBR122M (Motorcycle)	Contact No.	85644876
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/01/2022	Date Discharge	26/01/2022
No. of Days granted Medical Leave	09	Degree of Injury	Serious

### Brief Details.

On 25/1/2022 at about 2035hrs, I was travelling on my motorcycle FBR122M along Pasir Panjang Rd towards Clementi Rd. At the time, the road was clear and there were no other vehicles in front and behind me. Suddenly, I saw a vehicle SLD9275B turning out from nowhere and make a U-turn to the other side of the road. I did sound my horn and tried to perform emergency brake however I did not manage to stop in time and I knock onto the right side of the vehicle. I managed to get up and go to my pillion to comfort her. Passer-by who saw me on the ground assisted me to call for ambulance and for police. I could remember a total of 2 ambulances and 1 TP bike came to the scene.

Subsequently, both myself and pillion were conveyed to NUH. For myself, doctor informed me that I had multiple abrasions on left shoulder, lower left leg and on both palms. I also had my tendon tore on my left knee and I had to undergo an operation. In total, I was given 49 days MC. For my pillion, she suffered concussion and left leg, knee and ankle abrasion and was given 9 days MC.

I wish to state that the motorbike has damages of front fenders and front lights. Most motorcycle parts on



SINGAPORE  
POLICE FORCE



T/20220210/2073

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 4

Report No. T/20220210/2073

## CONTINUATION OF REPORT

the left are mostly damaged however still repairable.

I wish to also state that my pillion received a video of the accident from a passerby namely Tim, HP: 97318731. I wish to also state that I do not have particulars of the passer-by nor the vehicle driver. I do not have an in-vehicle camera however I am unsure if the other vehicle has any recording device.

I am making this report as informed by my insurance company.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999



T/20220210/2073

1 of 1

Report No. T/20220210/2073

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 D / SGT 3 KIM WILSON <i>WILSON</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 10/02/2022 17:04
Officer In Charge Of Case: TP / GIT / STAFF SGT SYED MUHAMMAD ISA BIN OMAR ALHABSHEE Contact No.: 65476214	Classification Of Case:

*WILSON*



AXA INSURANCE PTE LTD  
 3 Shenton Way, #24-01  
 AXA Tower, Singapore 068811  
 Customer Centre #01-21  
 Tel 1800 8804888 Fax  
 Website www.axa.com.sg  
 GST Registration Number: 199903512M  
 Customer care@axa.com.sg



# CERTIFICATE OF INSURANCE

\*Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) \*Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 \*Road Transport Act, 1987 (Malaysia) \*Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO. : VMZ/P2382020 Account NO. : 03375  
 Coverage : Third Party Fire & Theft Only  
 Sum Insured : Market Value At The Time Of Loss  
 Name of Policy Holder : MUHAMMAD DANISH MOHAMED JUPRI  
 Vehicle Registration No. : FBRI22M  
 Period of Insurance : From 03/02/2021 To 02/02/2022 (Both Dates Inclusive)

## PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

(a) The Policyholder  
 (b) 1. MUHAMMAD DANISH MOHAMED JUPRI  
 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.

## LIMITATIONS AS TO USE\*

Use only for social, domestic and pleasure purposes and in connection with the Policyholder's business or profession.

The Policy does not cover:

- Use for hire and reward
- Use for racing, pace-making, reliability trial or speed-testing
- Use for the carriage of goods (other than samples) in connection with any trade or business
- Use for any purpose in connection with the Motor Trade

(11)

Fire&Theft - Insured&Named Ri. : SGD 300.00

THEFT OUTSIDE SINGAPORE : SGD 600.00

\* 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 Part IV of the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGRAN02 on 03/02/2021

## IMPORTANT

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).

The Warrant Clause requires the premium to be paid in full within a specific period for the which there would be no liability under the policy, renewal certificate, covernote and endorsement, etc.