

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 Actual 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 01/02/2023 16:46 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 28/01/2023 13:30 (SGT)
Exact Location of Accident Dunearn Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS1904L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD YUNOS BIN RAPIN
NRIC No SXXXX288D
Email Address YUNOS8OS@YAHOO.COM.SG
Mobile Phone No (Phone) +65-97311956
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Yamaha
Model XSR155 MANUAL
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 Manual
CC 155

INSURANCE COMPANY

Name of Insurance Company HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number AN3200322

DRIVER

Name of Driver MUHAMMAD YUNOS BIN RAPIN
NRIC No SXXXX288D
Date Of Birth 18/06/1976
Occupation Indoor

Date Of Driving Pass	29/04/1994
Driving experience	28 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97311956
Alt. Phone Number	-
Email Address	YUNOS8OS@YAHOO.COM.SG
Address	463 JURONG WEST ST 41
Address complement	#03-580
Postcode	640463
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 - Cross Junction
Weather Conditions	Raining
Road Surface	Wet

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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP1215M
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	MUHAMMED YUNOS BIN RAPIN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LEG & LOWER BACK
Injured person in which vehicle?	FBS1904L
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.



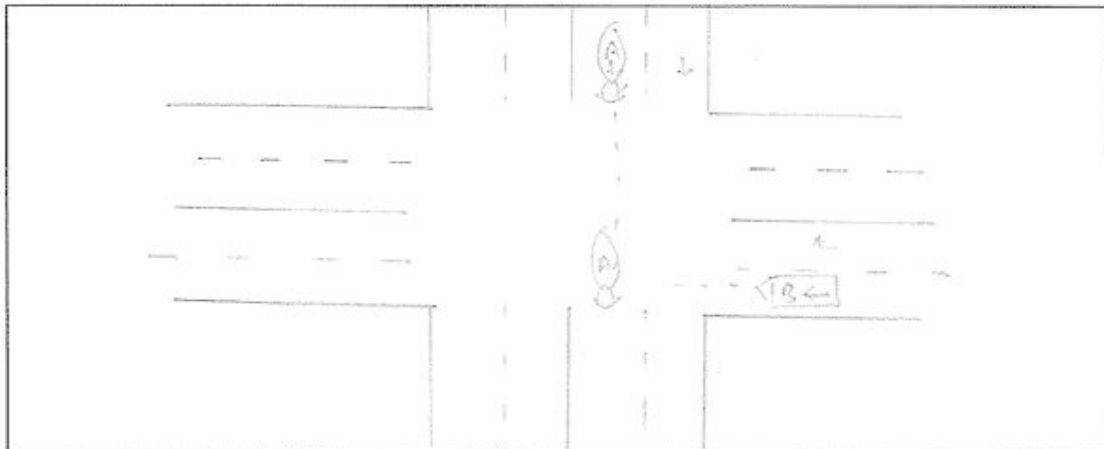
Policyholder's Signature
Date & Time:

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


Ah Lim Motor Company
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Date of accident: 28/01/2023 Time: 1330 hrs Location: X-junction near DUMMAN ROAD
 My Vehicle A: FBS1904L Vehicle B: SJP1215M Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report

☐ 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 your 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Ah Lim Motor Company

Reporting Centre Personnel's Signature

Name:

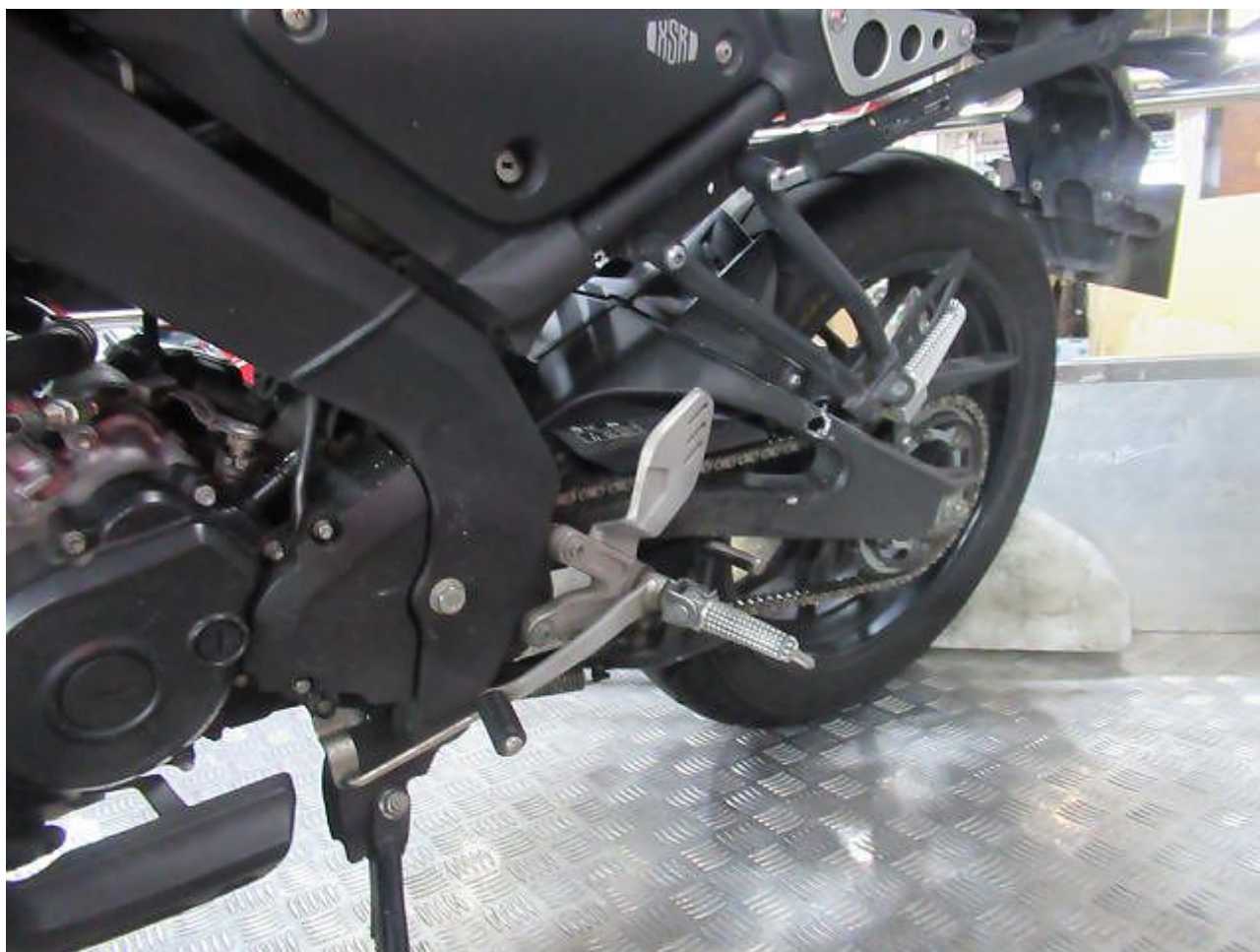
NRIC/FIN No.:

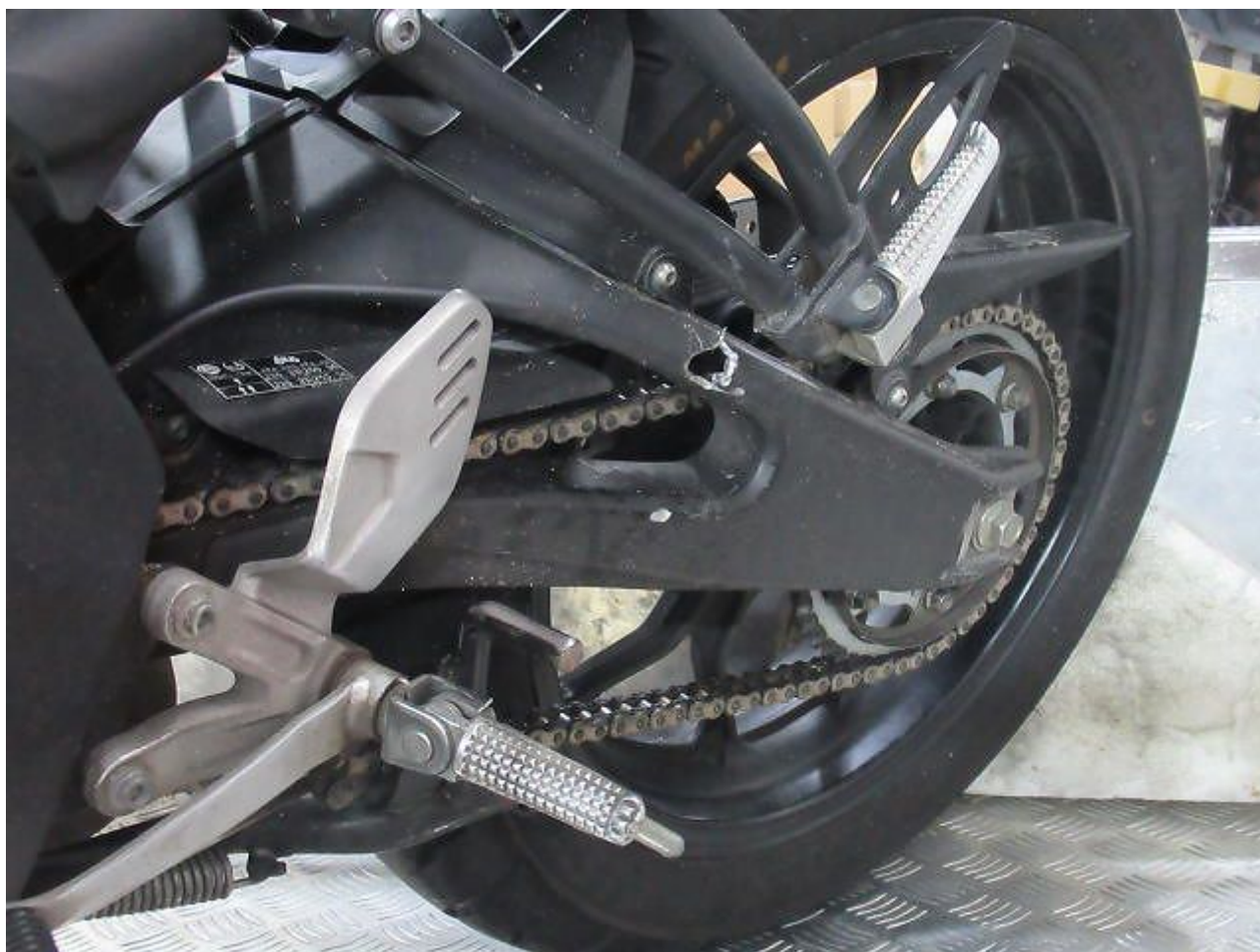
AH LIM MOTOR COMPANY









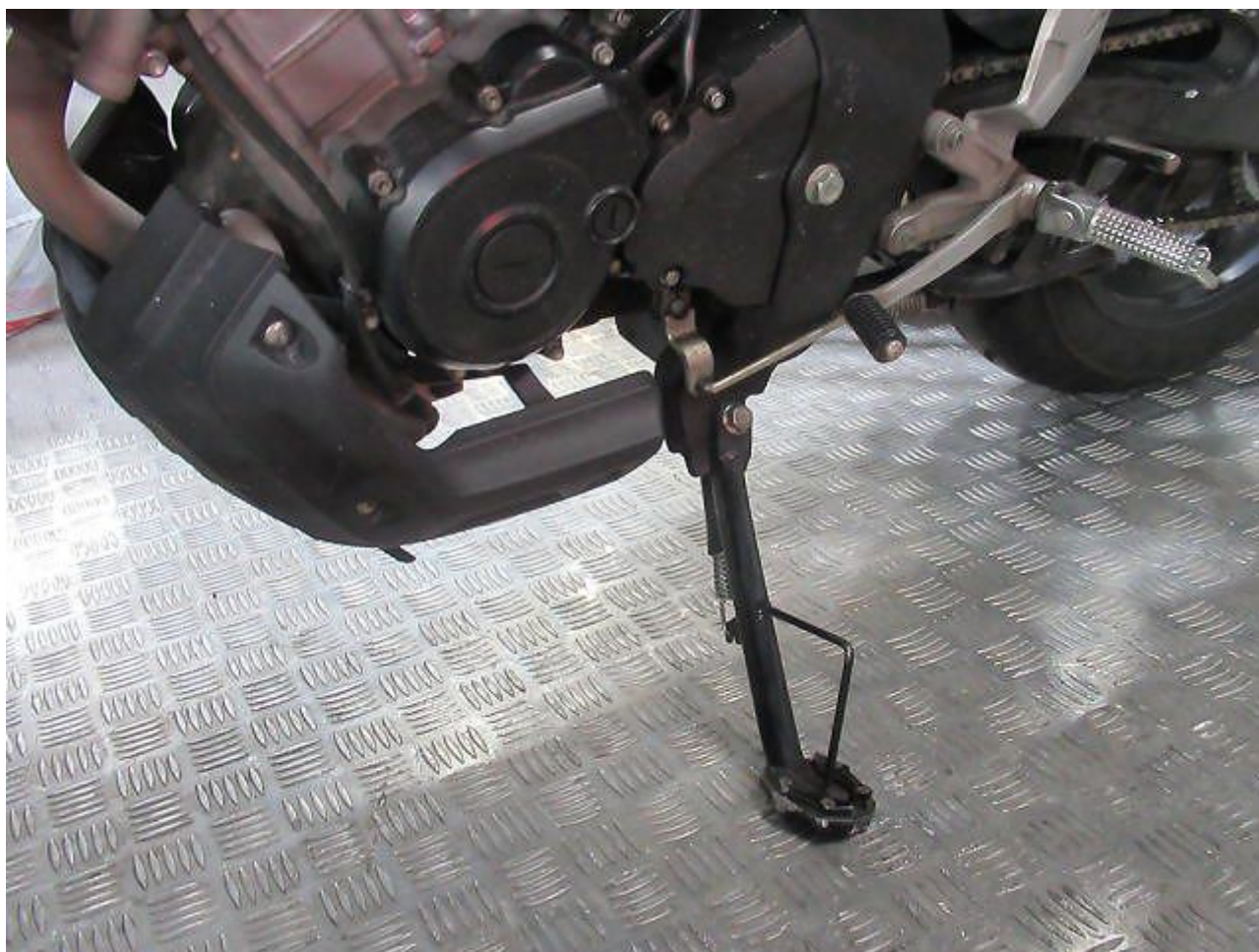




















**SINGAPORE
POLICE FORCE**



T/20230129/2044

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

1 of 3
Report No. T/20230129/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/01/2023 16:52	Vide Report No.: G/20230128/0118	Station Diary No.: 74
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Informant's Particulars

Name of Informant: MUHAMMED YUNOS BIN RAPIN	Address: APT BLK 463 JURONG WEST STREET 41 #03-580 SINGAPORE 640463		
ID Type / ID No.: NRIC NO / S7618288D	Contact No.: Home/Office: Mobile: 97311956		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 46	Date of Birth: 18/06/1976	Type of Informant: Cyclist
Race: Malay	Language:		Institution / School Name:
Occupation: Motorcycle delivery man	Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/01/2023 13:30	Type of Location: X-Junction
Location: DUNMAN ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS1904L	Motorcycle	YAMAHA	XSR	Black	Slightly Damaged	0
SJP1215M	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230129/2044

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

2 of 3
Report No. T/20230129/2044

CONTINUATION OF REPORT

Cyclist			
Name	MUHAMMED YUNOS BIN RAPIN	ID No.	S7618288D
Related Vehicle	FBS1904L (Motorcycle)	Contact No.	97311956
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	28/01/2023	Date Discharge	29/01/2023
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 28/01/2023, at about 1330hrs, I was waiting for the green light at a X-Junction near Dunman Road. Once the green light came on, I drove forward. All of a sudden, a silver car (SJP1215M) that was driving straight from my left collided into the left side of my motorcycle (FBS1904L). I was thrown off my motorcycle and landed a distance away. Passers-by called the police and ambulance, and I was conveyed to Raffles Hospital.

I was admitted into Raffles Hospital on 28/01/2023 and discharged on 29/01/2023 with a 7-day MC.

I was contacted by TP IO Khairi and instructed to lodge a police report.



SINGAPORE
POLICE FORCE



T/20230129/2044

3 of 3

Report No. T/20230129/2044

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 /

INSP (1) Teo Yi Ting Daniel

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/01/2023 16:52

Officer In Charge Of Case:

TP / GIT /

SR STAFF SGT NUR HAFIZAH BINTE HARUN

Contact No.: 97287007

Classification Of Case:

NP168

Insurance Motor Cover Notes System

Page 1 of 2

AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01 AXA Tower
 Singapore 068811
 Customer Service Centre #B1-01
 Tel. 6338 7288 Fax: 6338 2522
 Website: www.axa.com.sg
 GST Registration Number: 199905512M



Original

A/c No: 03375
Policy No (if any)
New Business
SmartDrive Quote Ref

MOTOR COVER NOTENo. **AN3200322 ()**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) – Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

NR-ISMAIL BIN MINHAT**SCHEDULE**

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	MUHAMMED YUNOS BIN RAPIN
MAKE AND DESCRIPTION OF VEHICLE	YAMAHA XSR155 MANUAL
VEHICLE REGISTRATION NO.	FBS1904L
YEAR OF MANUFACTURE	2021
ENGINE NO.	G3J6E0276883
CHASSIS NO.	MH3RG4760LK007860
ENGINE CAPACITY/TONNAGE	155
COVER TYPE	THIRD PARTY, FIRE & THEFT
HIRE PURCHASE	WING FUAT PTE LTD
VALUE (\$)	MARKET VALUE
PERIOD OF INSURANCE	FROM: 21-Apr-2022 TO: 20-Apr-2023
EXCESS (\$)	300
AXA PREMIUM WORKSHOP?	Yes

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

with full helang use

AXA INSURANCE PTE LTD

Issued by ANDA INSURANCE AGENCIES PL on 21-Apr-2022 11:04:29 AM

[Signature]
 Authorised Signature

Note: This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum S\$53.50 (inclusive of GST) if the policy is cancelled after the inception date.
- An administrative fee of \$26.75 (inclusive of GST) will be charged:
 - Cover note issued and cancelled before inception.
 - Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTY

<https://www.anda.com.sg/ANDAOld/Motor/AXA.aspx>

21/4/2022