

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	24/04/2023 10:37 (SGT)
Reported by	Owner
Date of Accident	18/01/2023 15:00 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS9816E

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	EFFARINA BINTE ALIAS
NRIC No	SXXXX454H
Email Address	fullstop423@gmail.com
Mobile Phone No	(Phone) +65-91734040
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	YZF-R3
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	321

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300692968 VMP

DRIVER

Name of Driver	EFFARINA BINTE ALIAS
NRIC No	SXXXX454H
Date Of Birth	31/05/1993
Occupation	Indoor

Date Of Driving Pass	04/03/2020
Driving experience	2 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91734040
Alt. Phone Number	-
Email Address	effa_fiz34@hotmail.com
Address	BLK 693 JURONG WEST CENTRAL 1 #09-101
Address complement	-
Postcode	640693
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	Side Swipe
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)	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	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT A/20230130/7022 AND T/20230215/7046

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	SJP998T
Vehicle Manufacturer	Mercedes
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	EFFARINA BINTE ALIAS
Gender	Male
Phone No	(Phone) +65-91734040
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBS9816E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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.

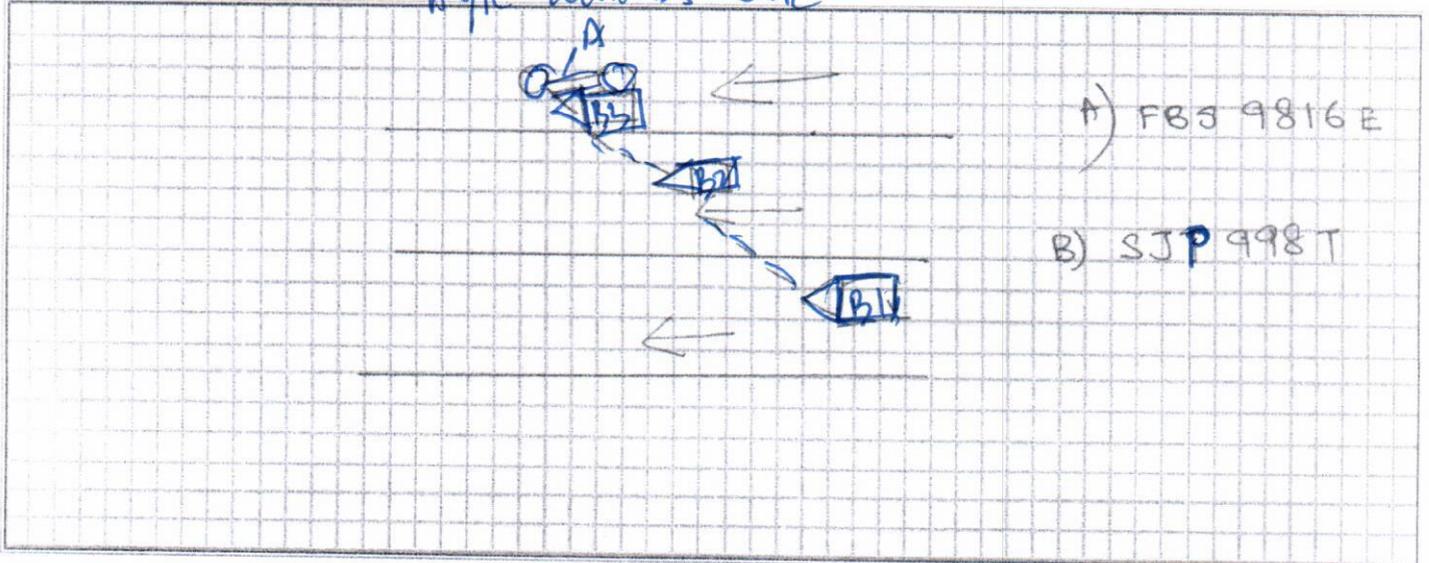
20/04/2023

x *[Signature]*
Policyholder's Signature / Date & Time

[Signature]
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

AS PER POLICE REPORT NO A / 20230130 / 7022
& T / 20230215 / 7046

Was there any video captured by Car Camera? Yes / No

Has the driver been approached by unknown person(s)? Yes / No

Number of Passengers (Including Driver)? ONE

Name EFFARINA BINTA ELIAS Gender: FEMALE

Name Gender:

Name Gender:

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

24/04/2023
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



A/20230130/7022

1 of 2

POLICE REPORT (NP299)

Report No. A/20230130/7022

Police Station Of Origin
Central Division HQ
391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 30/01/2023 14:03	Vide Report No.	Station Diary No.
Name Of Informant EFFARINA BINTE ALIAS	Address 693 JURONG WEST CENTRAL 1 #09-101 SINGAPORE 640693	
ID Type / ID No. NRIC NO / S9318454H	Contact No. Home/Office:	Mobile: 91734040
Nationality SINGAPORE CITIZEN	Email Address EFFA_FIZ34@HOTMAIL.COM	
Occupation Food and beverage operations manager	Sex Female	Age 29
Institution/School Name	Date of Birth 31/05/1993	Race Malay
Date/Time Of Incident 18/01/2023 14:00 - 18/01/2023 15:00	Location Of Incident 13 TELOK BLANGAH CRESCENT MOUNT FABER VIEW SINGAPORE 090013	

Brief details.

At about 2pm i was on my to work via motorbike. I was on the first lane on AYE going to CTE. Suddenly a car swerved into my lane. I lost control of the bike and from then onwards i don't remember much. the next thing i remember is waking up at the hospital. I am told to make a police by report by IO Alex Chong. Case number: TP/IP/01710/2023

Subjects Involved

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/01/2023 14:03
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



A/20230130/7022

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20230130/7022

Victim			
Person Name	EFFARINA BINTE ALIAS		
ID Type	NRIC NO	ID No	S9318454H
Gender	Female	Age	29
Race	Malay	Language	English
Occupation	Food and beverage operations manager	Address	693 JURONG WEST CENTRAL 1 #09-101 SINGAPORE 640693
Mobile No	91734040	Is Informant A Victim?	Yes
Person Name	EFFARINA BINTE ALIAS (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/01/2023 14:03
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20230215/7046

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20230215/7046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/02/2023 16:14		Vide Report No.: A/20230130/7022		Station Diary No.:	
Informant's Particulars					
Name of Informant: EFFARINA BINTE ALIAS			Address: 693 JURONG WEST CENTRAL 1 #09-101 SINGAPORE 640693		
ID Type / ID No.: NRIC NO / S9318454H			Contact No.: Home/Office:		Mobile: 91734040
Nationality: SINGAPORE CITIZEN			Email: EFFA_FIZ34@HOTMAIL.COM		
Sex: Female	Age: 29	Date of Birth: 31/05/1993	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/01/2023 14:00	Type of Location: AYE EXit ECP
Location: SPOONER ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBS9816E	Motorcycle	YAMAHA	YZF-R3	Green		0
SJP998T	Car	MERCEDES BENZ	Merc		No Damage	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20230215/7046

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20230215/7046

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS9816E	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300692968	10/10/2022	09/10/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	EFFARINA BINTE ALIAS	ID No.	S9318454H	
Related Vehicle	FBS9816E (Motorcycle)	Contact No.	91734040	
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date	18/01/2023	Date	25/01/2023	
No. of Days granted Medical Leave	68	Degree of	Serious	

Brief Details.

At about 2pm i was on my way to work via motorbike. I was on the first lane on AYE going to CTE . Suddenly a mercedes car (Plate Number SJP998T) swerved into my lane. I lost control of the bike and from then onwards I dont remember much. The next thing i remember is waking up at the hospital with bruises and open fractured arm. I am told to make a police report by IO Alex Chong, case number TP/IP/01710/2023. Video witness can be found in youtube & social media by title "FBS9816E.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230215/7046

3 of 3

Report No. T/20230215/7046

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
SITI NORHAFIDAH BINTE HANAFI
Contact No.: 65476202

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
15/02/2023 16:14

Classification Of Case:

Send/Fax to: _____

Submitted: _____

(3)

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	18th JAN 2023	Time of Accident:	15:00
Exact Location:	AYE TOWARDS CTE		
DETAILS OF OWN VEHICLE			
Vehicle Registration No.	FBS 9816 E	NRIC / FIN / Passport no:	S 9318454 H
Name of Registered Owner:	EFFARINA BINTE ALIAS		
Owner's Email:	FULLSTOP423 @ GMAIL . com		
Owner's Address:	693 JURONG WEST CENTRAL 1 #09-101 S(640 693)		
Vehicle Make:	YAMAHA	Vehicle Model:	R3
Engine Capacity (cc):		Transmission:	Auto / Manual
Type of Claim:	Own Damage / Third Party / Reporting Only		
Vehicle Category:	Private / Commercial / Motorcycle / Private Hire		
Name of Insurance Co:	M SIG		
Type of Policy:	Comprehensive / Third Party / Third Party, Fire & Theft		
Policy Number:	A 300692968 VMP		

DRIVER			
Name of Driver:	EFFARINA BINTE ALIAS	<input checked="" type="checkbox"/>	same as
NRIC / FIN / Passport no:	S 9318454 H	Date of Birth:	31-05-1993
Occupation:	Indoor / Outdoor	Driving Pass Date:	04-03-2020
Contact Number:	91734040	Gender:	Male / Female
Address:			
Relationship with Owner:	Owner / Employee / Spouse / Child / Hirer / Other:		
Translator Name:		Translator NRIC:	
Translator Contact no:		Translator email:	

GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision / Side Swipe	Front to Rear / Others:	
Weather Condition:	Clear / Raining / Others:	Road Surface:	Dry / Wet
Video available:	Yes / No		
Was anybody injured?	Yes / No	Police Report Made?	Yes / No
No. of passenger onboard (including driver):	1		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SJP 998 T		
Vehicle Make / Model:			
Name of Driver:			
NRIC / FIN / Passport no:			
Contact Number:			
Name of Insurance Co:			

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:	FBS 9816E		

I, the Driver, declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

X 
Signature of Driver

Date and time



MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
Co.Reg No. 200412212G GST Reg. No. 20-0412212G
A Member of **MS&AD** INSURANCE GROUP

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

MOTORCYCLE Third Party Fire And Theft

Certificate No. A 300692968 VMP

Excess : SGD500

Windscreen Excess : NIL

1. Index Mark and Registration Number of Vehicle
FBS9816E
2. Name of Policyholder
EFFARINA BINTE ALIAS
3. Effective Date of the Commencement of Insurance for the purposes of the Act
10/10/2022
4. Date of Expiry of Insurance
09/10/2023
5. Persons or Classes of Persons entitled to drive*
EFFARINA BINTE ALIAS

* Provided that the person driving is permitted in accordance with the licensing or other laws or 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.

6. Limitations as to Use *

Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. The Policy does not cover

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

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offense under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

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) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

Mack Eng
Chief Executive Officer

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SLOV23400001 Vehicle Registration No: FBS 9816E
 Name (as shown in NRIC): EFFARINA BINIHA AHMAD NRIC/FIN/Passport No: SXXXXX454H
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 91734040
 Email Address: _____
 Date of Accident: 18/01/2023 Time of Accident: 15:00
 Place of Accident: A/E TOWARDS CTR
 Insurance Company: M&G

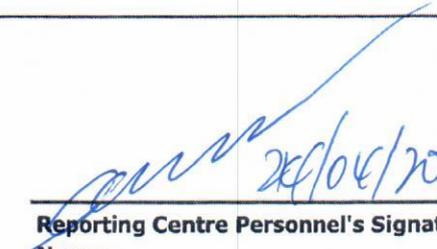
(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Policy number to A300699968 VMP



 Policyholder / Driver's Signature
 Date: 21/4/23



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