

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 05/06/2023 13:38 (SGT)
Reported by Actual Driver
Date of Accident 26/05/2023 17:50 (SGT)
Exact Location of Accident Woodlands Ave 4, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS5484E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GOLDENLINK AUTO PTE LTD
Company Reg No 1XXXXX343K
Email Address arthur@advlawllc.com
Mobile Phone No (Phone) +65-88699252
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model WINNER X ABS
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Motorcycle
Transmission Manual
CC 149

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number CN51011819

DRIVER

Name of Driver AMRAN BIN MOHAMED NOOR
NRIC No SXXXX333Z
Date Of Birth 12/01/1966
Occupation Outdoor

Date Of Driving Pass	04/04/1988
Driving experience	35 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-88699252
Alt. Phone Number	-
Email Address	arthur@advlawllc.com
Address	BLK 349 WOODLANDS AVENUE 3 #02-63
Address complement	-
Postcode	730349
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230527/2020

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	SJS1504M
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GX2561A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	AMRAN BIN MOHAMED NOOR
Gender	Male
Phone No	(Phone) +65-88699252
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	FBS5484E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

SKETCH PLAN

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

6. 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.

GOLDENLINK AUTO PTE LTD

Policyholder's Signature / Date & Time

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

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

Sketch Plan

A: FBS 5484E
 B: SJS 1504M
 C: GX 2561A

WOODLANDS AVE 4

Describe Circumstance of the Accident

REFER TO POLICE REPORT T/20230527/2020

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)? 01

Name _____ Gender: _____

Name _____ Gender: _____

Name _____ Gender: _____

Declaration
We declare the foregoing particulars are true in every respect.

GOLDENLINK AUTO PTE LTD

Policyholder's Signature / Date & Time

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

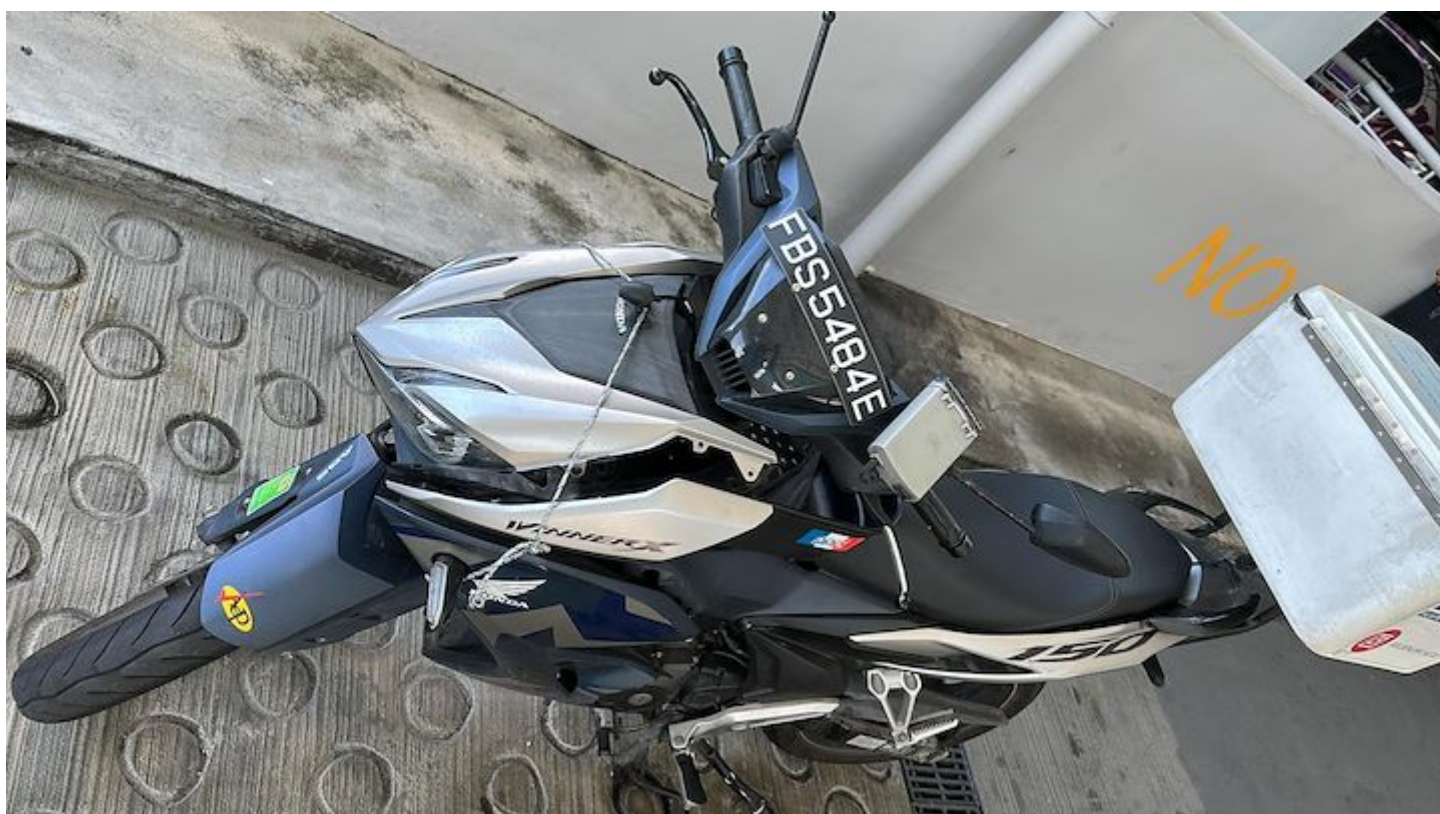
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)
























**SINGAPORE
POLICE FORCE**


T/20230527/2020

1 of 4

Report No. T/20230527/2020

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/05/2023 09:29		Vide Report No.:		Station Diary No.: 44
Informant's Particulars				
Name of Informant: AMRAN BIN MOHAMED NOOR		Address: APT BLK 349 WOODLANDS AVENUE 3 #02-63 SINGAPORE 730349		
ID Type / ID No.: NRIC NO / S1733333Z		Contact No.: Home/Office: Mobile: 88699252		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 57	Date of Birth: 12/01/1966	Type of Informant: Rider	
Race: Malay		Language:		
Occupation: DELIVERY DRIVER		Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/05/2023 17:50	Type of Location: X-Junction
Location: WOODLANDS AVENUE 4				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
FBS5484E	Motorcycle				Slightly Damaged	0
GX2561A	Van				Slightly Damaged	0
SJS1504M	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230527/2020

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20230527/2020

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AMRAN BIN MOHAMED NOOR	ID No.	S1733333Z
Related Vehicle	FBS5484E (Motorcycle)	Contact No.	88699252
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	26/05/2023	Date Discharge	26/05/2023
No. of Days granted Medical Leave	15	Degree of Injury	Slight
Driver			
Name	BOO POH TEONG	ID No.	S1184098A
Related Vehicle	NIL	Contact No.	NIL
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
Driver			
Name	ANG JUN HUI JEFFERY	ID No.	S8314597H
Related Vehicle	NIL	Contact No.	NIL
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 26/05/2023 at about 1745hrs, I was riding my company's vehicle for delivery purposes during my stipulated working hours. While I was riding along Woodlands Ave 4, I filtered to the right turn lane towards Woodlands Ave 5.

While I was slowing my vehicle down at the traffic light, I felt an impact from the rear. The vehicle bearing license plate, SJS1504M had hit my vehicle from the rear which had caused me to fall onto my right side.

Afterwhich, a passerby had called for Police assistance. Subsequently, ambulance was also at scene to



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POLICE FORCE**



T/20230527/2020

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Woodlands East N.P.C.
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Report No. T/20230527/2020

CONTINUATION OF REPORT

offer assistance however I refused conveyance. I then went to Khoo Teck Puat Hospital for treatment where I was given 15 days MC. I suffered some scratches and knee injury as a result of the accident.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20230527/2020

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Report No. T/20230527/2020

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
L /
SCSGT(1) Iskandar Mirza Bin
Ibrahim

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
STAFF SGT KWOK WEI JIE, DANIEL
Contact No.: 89220186

Signature Of Informant:

Date/Time:
27/05/2023 09:29

Classification Of Case:

NP168



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: SL0Y23650002 Vehicle Registration No: FB85484E
 Name (as shown in NRIC): AMRUL BIN MOHAMMAD MOOR NRIC/FIN/Passport No: SRXX3332
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 88699252
 Email Address: _____
 Date of Accident: 26/05/2023 Time of Accident: 17:50
 Place of Accident: WOODBURNOS AVENUE 4
 Insurance Company: M816

(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 C/N 51011819

Policyholder / Actual Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

14/06/2023