

NATIONAL Assessment Centre Services (part 1 of 2) **SL0422650002**

Date In: <b>05/06/2023 13:38</b>	Job description	Date & Time Completed	Done by
Ref No: <b>CB8/M86230056194</b>	SAS e-filing		
Vehicle No: <b>FR8 548VE</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>06/05/2023 17:50</b>	1-Motor Claim Form		
OD: <b>TP</b> Repeating Only	1-Motor W/O (white: OD 2hrs, 07 1hr)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Insurer		

Preferred Wksp / INC Assgn Wksp / OW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vehicle No: **SAS / SFS** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) 93) (Note: Hst Status (WO): 10: 0-30%, F: 21-70%, F: 80-100%)

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks:

( ) Walk-In Customer / Customer's information strictly Confidential & Strictly NO info of repair.

( ) Total Loss Cost : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Cost ( )

Examples (INC Notation: 0719, 0014)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo (Repair Cost > \$3000) ( )

Injury: ( )

Date of Incident: ( )

Location: ( )

Police Report: ( )

Witness: ( )

Invoice Preparation Charges	Ass'd To
1) A/R: Accident Package (350)	
2) D/A: Damage Assessment (3100)	INC (350)
3) T/P: Towing Fee	\$10/\$12
4) P/T: Follow Through Service	\$120
5) P/T: Follow Through Service (Basic Fee)	\$50
6) T/R: Dec/Smear	\$11
7) N/A: New D.A. / SMRT Survey	\$140
8) N/A: Additional Services:	
G/T:	
*NY: Courtesy Car / Tel Allowance	\$5
*NY: Extra Coordination	\$15
*NY: Post Repair Inspection	\$11
*NY: DV / Collect Excess Coordination	\$1
*NY: (1) TP (Non-INC) w/over INC	\$20
*NY: 24hrs Helpline	10
*NY: (1) TP (Non-INC) w/over INC	10

Checked by (Engr-In-Charge):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 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	CN1011819

## 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	-
Name of Driver	Commercial vehicle
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	-
Injured person in which vehicle?	SERIOUS INJURY
Were seat belts worn?	FBS5484E
Was this injured conveyed to hospital by ambulance?	No

**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 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 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.

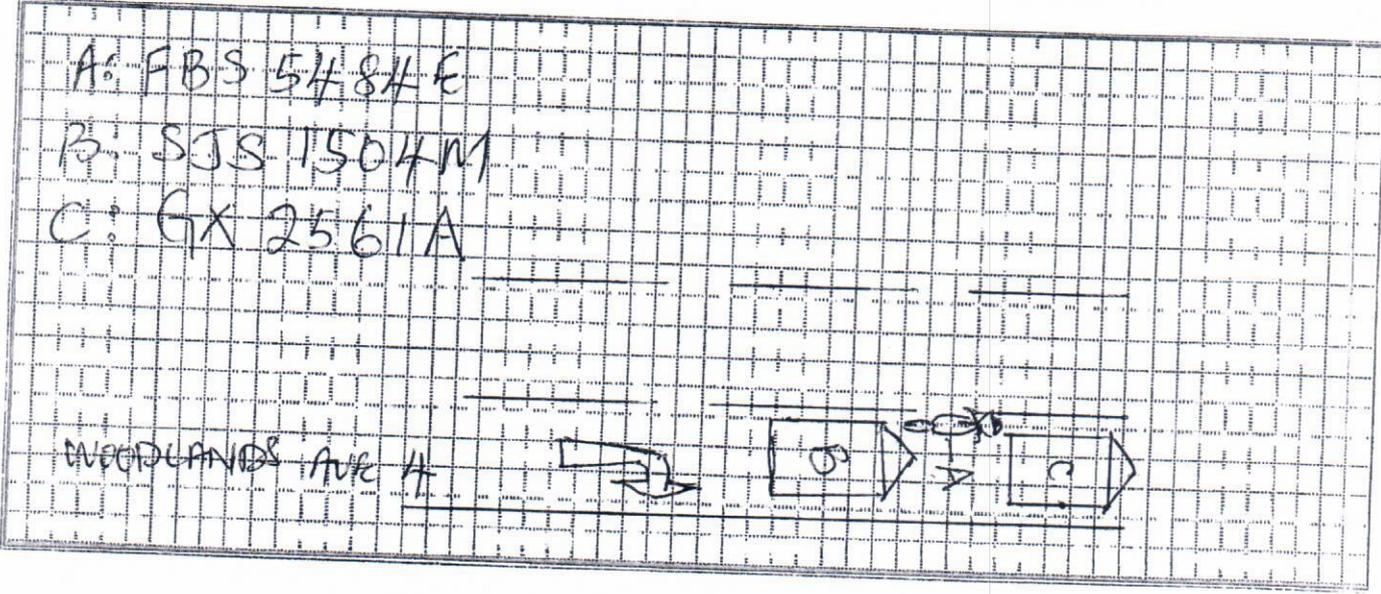
**GOLDENLINK AUTO PTE LTD**

\_\_\_\_\_  
 Policyholder's Signature / Date & Time

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

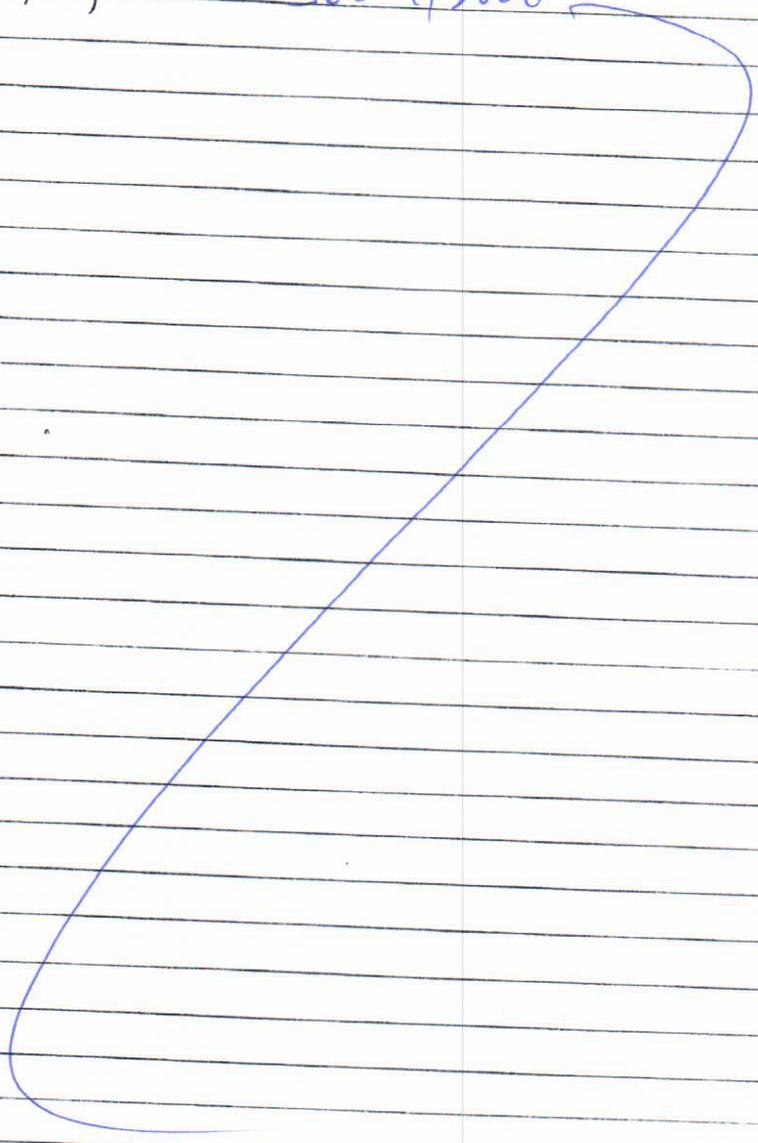
\_\_\_\_\_  
 05/06/2023  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)

**Sketch Plan**



Describe Circumstance of the Accident

REFER TO POLICE REPORT 7/20230527/2020



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)?  0  1

Name

Gender:

Name

Gender:

Name

Gender:

Declaration

I/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

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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
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**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.:	Mobile: 88699252
Nationality: SINGAPORE CITIZEN		Home/Office:	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**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
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
<b>Driver</b>			
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
<b>Driver</b>			
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



**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**

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:

Send/Fax to: \_\_\_\_\_

Submitted: \_\_\_\_\_

**SINGAPORE ACCIDENT STATEMENT**

BASIC INFORMATION			
Date of Accident:	26 - 05 - 2023	Time of Accident:	17:50
Exact Location:	ALONG WOODLANDS AVE 4		

DETAILS OF OWN VEHICLE			
Vehicle Registration No.	FBS 5484 E	NRIC / FIN / Passport no:	199606343K
Name of Registered Owner:	GOLDENLINK AUTO PTE LTD		
Owner's Email:	ARTHUR@HONDAWLLC.COM		
Owner's Address:	11 Woodlands Close #01-06 Singapore 737853		
Vehicle Make:	HONDA	Vehicle Model:	WINNER X ABS
Engine Capacity (cc):	149 cc	Transmission:	Auto / Manual
Type of Claim:	Own Damage <input checked="" type="checkbox"/> Third Party / Reporting Only		
Vehicle Category:	Private / Commercial <input checked="" type="checkbox"/> Motorcycle Private Hire		
Name of Insurance Co:	MSIG		
Type of Policy:	Comprehensive / Third Party / <input checked="" type="checkbox"/> Third Party, Fire & Theft		
Policy Number:	CN1011819		

DRIVER			
Name of Driver:	AMRAN BIN MOHAMED NOOR		<input type="checkbox"/> same as
NRIC / FIN / Passport no:	S1733333Z	Date of Birth:	12 - 01 - 1966
Occupation:	Indoor <input checked="" type="checkbox"/> Outdoor	Driving Pass Date:	09/04/1988
Contact Number:	88699252	Gender:	<input checked="" type="checkbox"/> Male / Female
Address:	BLK 349 WOODLANDS AVE 3 #02-63 SINGAPORE 730349		
Relationship with Owner:	Owner <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Front to Rear / Others:		
Weather Condition:	<input checked="" type="checkbox"/> Clear / Raining / Others:	Road Surface:	<input checked="" type="checkbox"/> Dry / Wet
Video available:	<input checked="" type="checkbox"/> Yes / No		
Was anybody injured?	<input checked="" type="checkbox"/> Yes / No		
Police Report Made?	<input checked="" type="checkbox"/> Yes / No		
No. of passenger onboard (including driver):	01		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SJS 1504 M	GX 2561 A	
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?:			

Driver's Declaration: I 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.

Signature of Driver \_\_\_\_\_

Date and time \_\_\_\_\_



**MSIG**

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

**MOTOR INSURANCE COVER NOTE**

In consideration of the Insured having paid or agreed to pay the premium, the risk detailed below is HELD COVERED for the Period of Insurance, subject to the terms and conditions of the Company's usual form of policy.

This Cover Note is valid for 30 days from the Date of Issue.

<b>Date of Issue</b>	: 20/05/2022
<b>Cover Note No.</b>	: CN51011819
<b>Existing Policy No.</b>	: -
<b>Intermediary Name</b>	: A.S. Phoon Pte. Ltd.
<b>Name of Insured</b>	: Goldenlink Auto Pte Ltd
<b>Make and Model of Vehicle</b>	: Honda WINNER X ABS MANUAL
<b>Vehicle Registration No.</b>	: FBS5484E
<b>Year of Manufacture</b>	: 2021
<b>Engine No.</b>	: KC34E1110751
<b>Chassis No</b>	: RLHKC3716LY009128
<b>Capacity</b>	: 149.00 C.C.
<b>Cover</b>	: Third Party Fire And Theft Cover
<b>Sum Insured</b>	: Market value at time of loss
<b>Period of Insurance</b>	: 08/06/2022 To 07/06/2023
<b>Excess</b>	: As Agreed
<b>Finance Company</b>	: Not Applicable

I/We hereby certify that this Cover note is issued in accordance with the Provisions of the Motor Vehicles(Third Party Risks & Compensation) Act (Cap. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment Act or Acts passed in substitution thereof.

SIGNED FOR AND ON BEHALF OF THE COMPANY

Mack Eng  
Chief Executive Officer  
MSIG Insurance (Singapore) Pte. Ltd.