

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 ability.
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 Report	28/03/2018 18:39
Date Of Accident	26/03/2018 22:05
Exact Location Of Accident	ORCHARD RD X CUPPAGE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS6447G
Insured/Policyholder	
Name Of Registered Owner	GO AHEAD LOYANG PTE LTD
Co Reg No	201541900C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63847169

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	O530
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-16083754MFBP
Cover Note Number	

Driver

Name of Driver	HAMIDI BIN MANSOOR
NRIC No	S1645508C
Date Of Birth	08/04/1964
Occupation	OUTDOOR
Date Of Driving Pass	18/03/2010
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98528525
Fax Number	
Contact Number	
Email Address	HAMIDIMANSOOR8@GMAIL.COM

Address	439 TAMPINES STREET 43 #02-177
Postcode	520439
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	10

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING ON THE EXTREME LEFT LANE [BUS LANE] OF A 5-LANE RD ALONG ORCHARD RD WHEN SOMEWHERE AT THE JUNCTION OF CUPPAGE RD, A BLUE COMFORT DELGRO TAXI THAT WAS TRAVELLING ON THE FOLLOWING LANE SUDDENLY ENCROACHED INTO MY LANE TO ENTER INTO CUPPAGE RD WITHOUT SIGNALLING AT ALL. I HONKED & TRIED BRAKING AT THE SAME TIME BUT WAS STILL UNABLE TO AVOID A COLLISION WITH THE TAXI. NO PASSENGERS WERE INJURED.

Attachment(s)

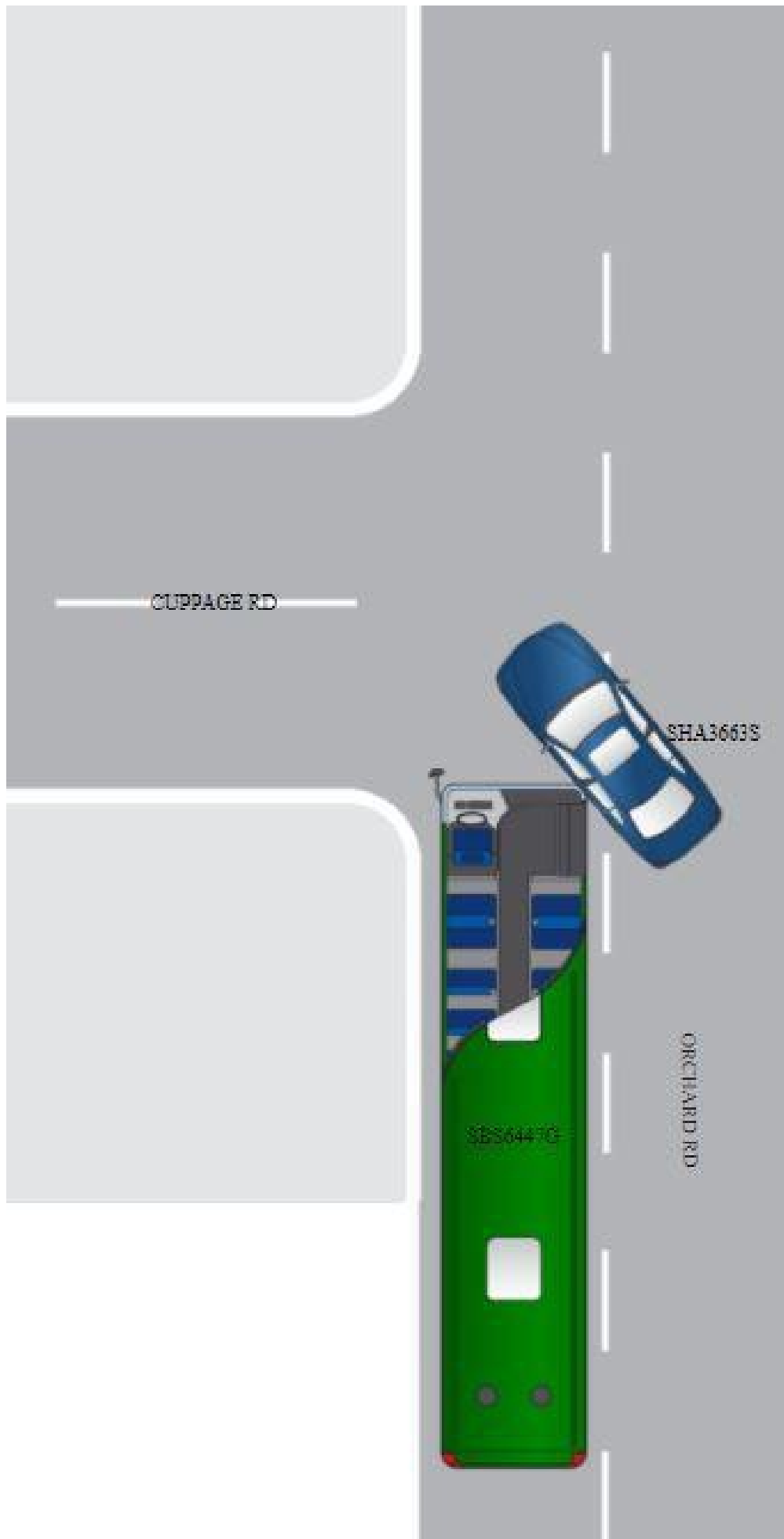
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	DIFFERENT FORMAT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

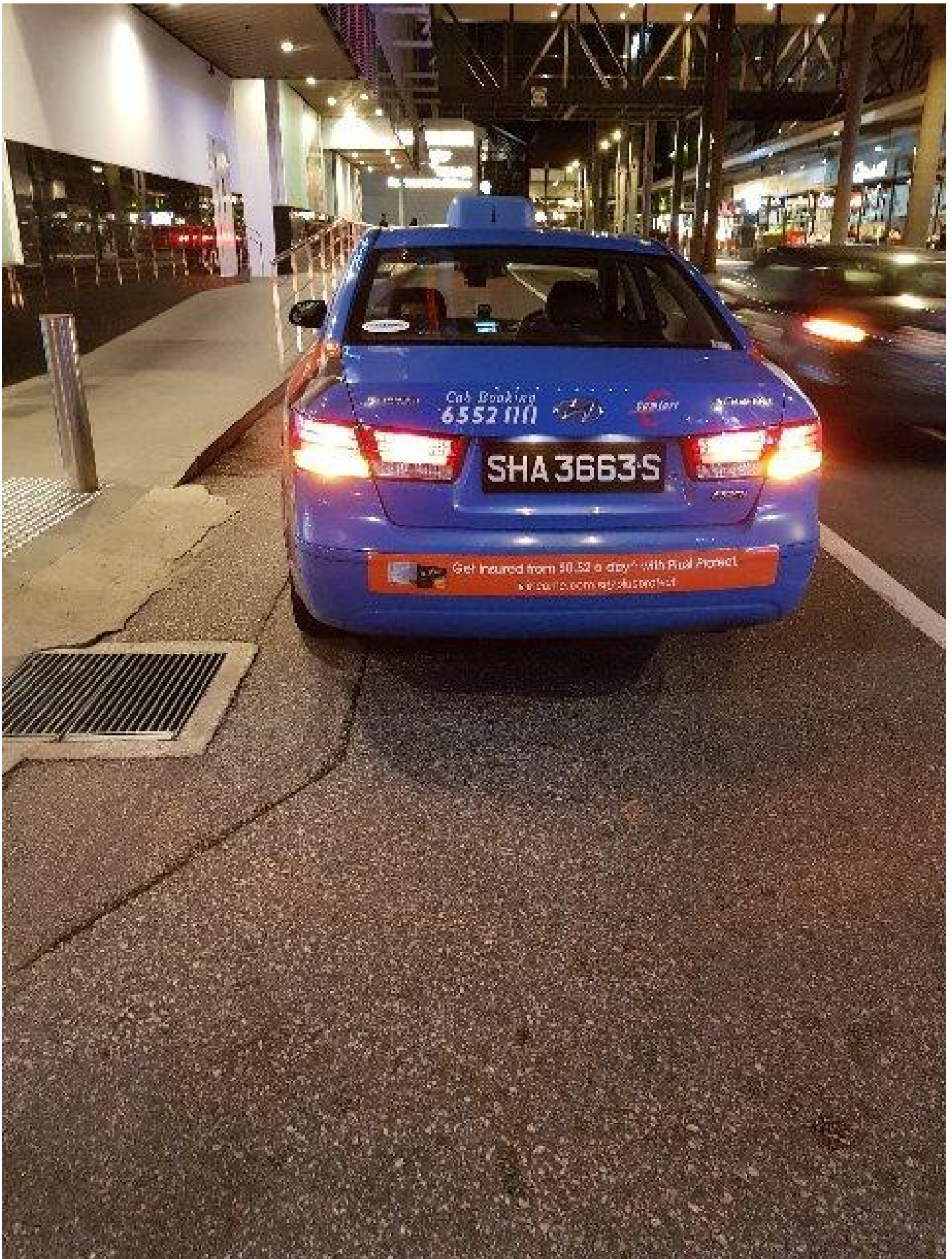
Vehicle Registration Number	SHA3663S
Vehicle Make/Model/Colour	BLUE HYUNDAI SONATA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	S1407383C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan



Accident Photo



Accident Photo

