

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	28/05/2018 11:36
Date Of Accident	20/05/2018 09:30
Exact Location Of Accident	BEDOK NORTH DR X BEDOK AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS3303H
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	VOLVO
Model	B9TL-9.4 D (A)
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	CHEO BEE YIONG
Work Permit No	G7638182N
Date Of Birth	29/10/1965
Occupation	OUTDOOR
Date Of Driving Pass	24/10/2008
Driving Experience	9 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93460817
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	140 PASIR RIS ST 11 #03-173
Postcode	510140
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	SIDE SWIPE
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)	3

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 MIDDLE LANE OF A 3-LANE ROAD ALONG BEDOK NORTH DRIVE AS THE MIDDLE & EXTREME RIGHT LANE IS FOR TURNING RIGHT ONLY. UPON REACHING THE SIGNALIZED JUNCTION OF BEDOK NORTH AVE 1, I CHECKED MY REAR RIGHT VIEW & SAW THROUGH MY FRONT RIGHT MIRROR THAT A BLACK MAZDA 3 WAS COMING VERY FAST FROM MY RIGHT SO I SLOWED DOWN MY BUS EVEN BEFORE I STARTED TURNING RIGHT. HOWEVER IN THE MIDST OF TURNING, THE MAZDA DIDN'T SLOW DOWN TO GIVE WAY TO MY BUS CONSIDERING THAT MY BUS NEED A BIGGER TURNING RADIUS. IT CHOSD TO ACCELERATE THROUGH THE NARROW GAP WHERE THE FRONT LEFT FENDER OF THE MAZDA COLLIDED ONTO THE REAR RIGHT BODY PANEL OF MY BUS.

Attachment(s)

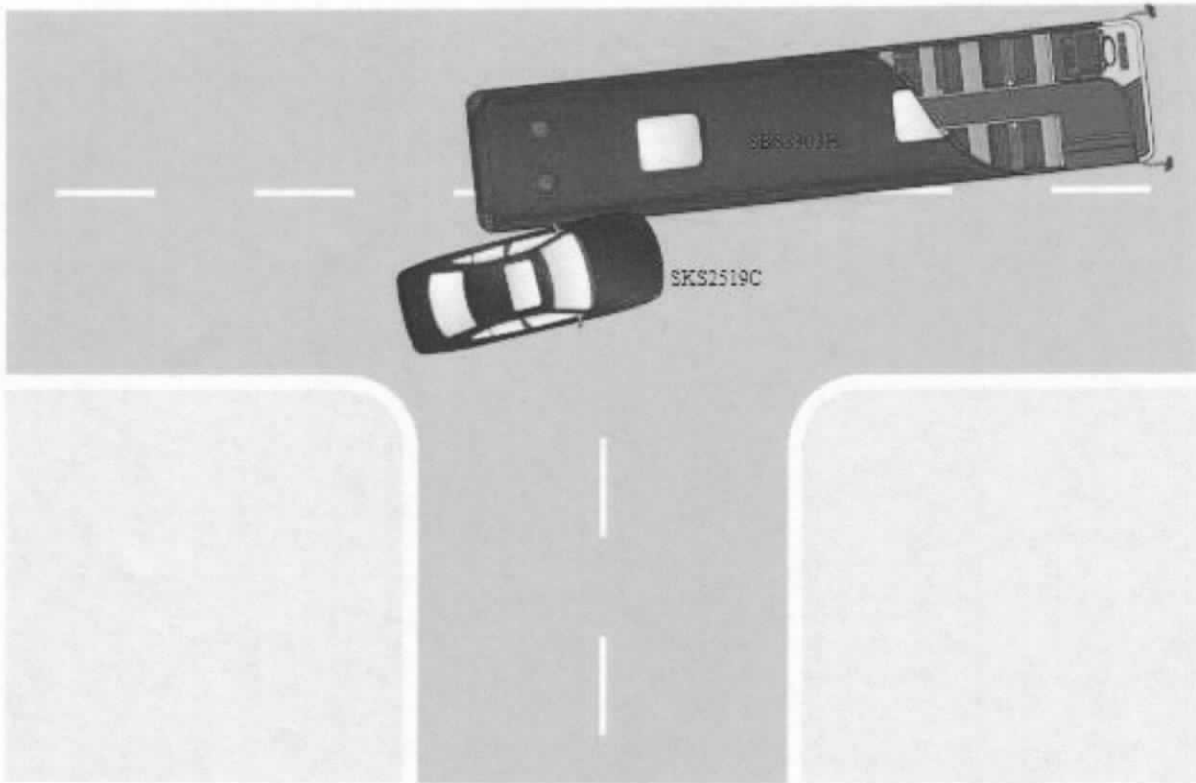
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	DIFFERENT FORMAT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKS2519C
Vehicle Make/Model/Colour	BLACK MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Details Of Properties	FRONT LEFT FENDER, MIRROR & DOOR
Vehicle Category	PRIVATE CAR
Name of Driver	SEN TIAN ER
NRIC/Passport Number	S9412356I
Contact Number	94500542
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan



Accident Photo



Accident Photo

