

## 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 13:42
Date Of Accident	22/05/2018 12:55
Exact Location Of Accident	WATERVIEW 71 TAMPINES AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS6513Z
<b>Insured/Policyholder</b>	
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	CITARO O530 6.4L AT TURBO ABS
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	ELAVARASU S/O DORAISAMY
NRIC No	S1362832G
Date Of Birth	22/11/1959
Occupation	OUTDOOR
Date Of Driving Pass	31/05/2016
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98524712
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	102 ALJUNIED CRESCENT #03-273
Postcode	380102
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	RAINING
Road Surface	WET

#### 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)	20

#### 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 OF A 3-LANE RD ALONG TAMPINES AVE 1 WHEN SOMEWHERE NEAR THE EXIT OF WATERVIEW CONDO, A GREY MAZDA THAT WAS COMING OUT OF THE CONDO DIDN'T STOPPED BEHIND THE STOP LINE & INCHED OUT INTO THE YELLOW BOX EVEN BEFORE MY BUS HAD CLEARED IT. AS A RESULT, THE FRONT BUMPER OF THE MAZDA COLLIDED ONTO THE REAR LEFT EXIT DOOR & 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

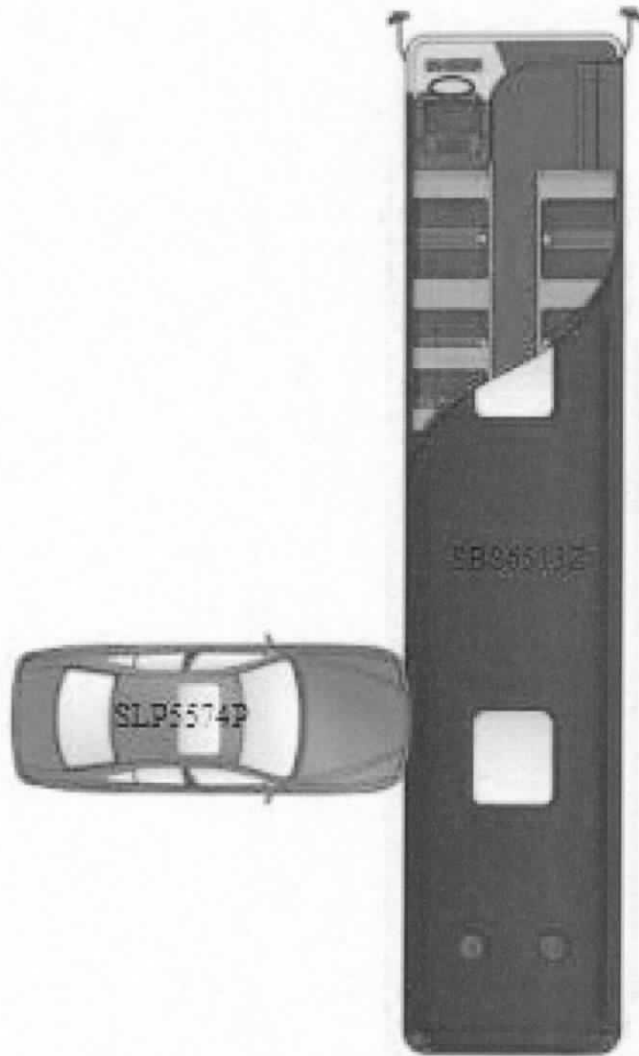
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP5574B
Vehicle Make/Model/Colour	GREY MAZDA3 SEDAN 1.5 AT EU6
Details Of Properties	FRONT BUMPER
Vehicle Category	PRIVATE CAR
Name of Driver	TOH WAI KIONG
NRIC/Passport Number	S1237035J
Contact Number	98563398
Address	61 TAMPINES AVE 1, THE TROPICA #07-03
Postcode	529776
Insurance Company Name	

Nature Of Damage

\* No. Of Passenger (Including Driver)

# Sketch Plan



Accident Photo



Accident Photo

