

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	06/06/2018 17:02
Date Of Accident	23/05/2018 14:00
Exact Location Of Accident	XILIN AVE X SIMEI AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG5906S
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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	MAN
Model	A95
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	LOKE YUN HOY
Work Permit No	G6835280R
Date Of Birth	27/06/1990
Occupation	OUTDOOR
Date Of Driving Pass	15/04/2014
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83829470
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	221 TAMPINES ST 24 #04-60
Postcode	521221
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)	33

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 WAITING STATIONARY ON THE 2ND LANE OF A 6-LANE RD ALONG UPP CHANGI RD EAST BEFORE THE SIGNALIZED JUNCTION OF XILIN AVE X SIMEI AVE FOR THE TRAFFIC LIGHT TO TURN GREEN WHEN A YELLOW SCANIA WITH A LOW BED TRAILER [TR4958D] LOADED WITH A HUGE TUBE/TUNNEL LIKE OBJECT INSISTED ON TURNING LEFT ON THE SLIP RD TOWARDS SIMEI AVE DESPITE THE IMMENSE WIDTH OF THE OBJECT. AS A RESULT, IT SIDE-SWIPE AGAINST THE REAR LEFT BODY PANEL & CCTV OF MY BUS.

Attachment(s)

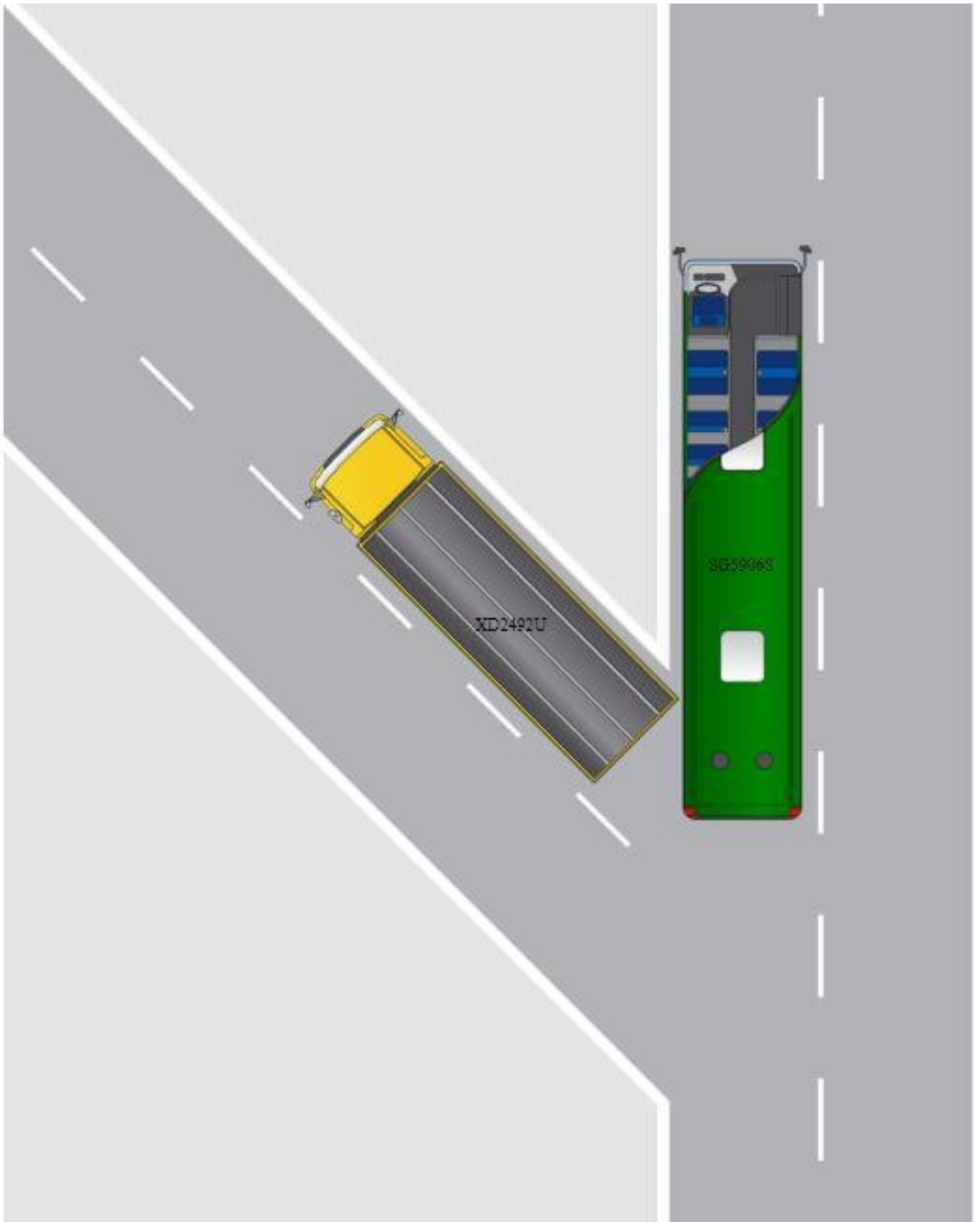
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	DIFFERENT FORMAT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD2492U
Vehicle Make/Model/Colour	YELLOW SCANIA P380CA6X4MNZ 12L MT TURBO
Details Of Properties	
Vehicle Category	TANKER
Name of Driver	REN JUN
NRIC/Passport Number	F5572469P
Contact Number	90268708
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan



Accident Photo

