

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 | 05/06/2018 10:13 |
| Date Of Accident | 01/06/2018 17:45 |
| Exact Location Of Accident | KILLINEY RD X PENANG RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SBS6430D |
| 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 | 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 | PHUI KUET LIAN |
| Work Permit No | G7810916K |
| Date Of Birth | 05/08/1986 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 31/05/2008 |
| Driving Experience | 10 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81169271 |
| Fax Number | |
| Contact Number | |
| EMAIL Address | NOEMAIL |

| | |
|---|------------------------------|
| Address | 47 MARINE CRESCENT #06-88 |
| Postcode | 440047 |
| 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 - MAJOR/MINOR RD |
| 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? | YES |
| Was any injured conveyed to hospital by ambulance? | YES |
| 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) | 8 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | MARINE PARADE NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4428999 - FAX NO: 62447678 |
| Was notice of Intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

I WAS TRAVELLING ALONG THE EXTREME LEFT LANE [BUS LANE] OF A 3-LANE RD AFTER ALIGHTING/BOARDING PASSENGERS @ 08111 - WINDLAND HSE ALONG PENANG RD. WHILE APPROACHING THE SIGNALIZED JUNCTION OF KILLINEY RD, THE TRAFFIC LIGHT WAS GREEN IN MY FAVOUR SO I PROCEED TO HEAD STRAIGHT TOWARDS SOMERSET RD. AT THE JUNCTION OF KILLINEY RD X SOMERSET RD, A BLUE COMFORT DELGRO TAXI DIDN'T STOP BEHIND THE BOUBLE BROKEN WHITE LINES TO GIVE WAY TO TRAFFIC ON THE MAJOR ROAD BUT DASHED OUT. AS IT WAS TOO SUDDEN, I WAS UNABLE TO STOP IN TIME TO PREVENT A HEAD TO SIDE COLLISION WITH 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 | SHC8789U |
| Vehicle Make/Model/Colour | BLUE HYUNDAI I40 1.7 CRDI F/L AT ABS AIRBAG 4DR |
| Details Of Properties | FRONT BUMPER |
| Vehicle Category | TAXI |
| Name of Driver | TAN WEIMING, KELVIN |
| NRIC/Passport Number | S8501385H |

| | |
|-------------------------------------|----------|
| Contact Number | 81544909 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|---|---------------------|
| Name | TAN WEIMING, KELVIN |
| Approximate Age | 33 |
| Injuries Sustain | |
| Injured person in which vehicle? | SHC8789U |
| Were seat belts worn? | NO |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

Sketch Plan

