

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	27/07/2018 15:32
Date Of Accident	26/07/2018 10:20
Exact Location Of Accident	HOUGANG AVE 2 X HOUGANG AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG5542H
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	KOH MOON KENG
NRIC No	S1293786E
Date Of Birth	13/11/1958
Occupation	OUTDOOR
Date Of Driving Pass	31/03/2004
Driving Experience	14 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96533203
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	126B EDGEDALE PLAINS #12-358
Postcode	822126
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 - CROSS JUNCTION
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)	17

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 4-LANE RD VIA HOUGANG AVE 2 WHEN APPROACHING THE SIGNALIZED JUNCTION OF UPP S'GOON RD, THE TRAFFIC LIGHT WAS STILL GREEN SO I PROCEED TO HEAD STRAIGHT TOWARDS HOUGANG AVE 3. THE TRAFFIC LIGHT TURN AMBER ONLY AFTER MY BUS CROSSED THE JUNCTION STOP LINE. HOWEVER, A WHITE NISSAN THAT WAS COMING FROM THE OPPOSITE SIDE OF HOUGANG AVE 3 DIDN'T STOP INSIDE THE RIGHT TURN POCKET TO GIVE WAY TO MY BUS BUT DASHED RIGHT OUT TOWARDS UPP S'GOON RD RESULTING IN A COLLISION WHERE THE FRONT LEFT CORNER BUMPER OF MY BUS COLLIDED ONTO THE REAR LEFT BODY PANEL OF THE NISSAN.

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 Witness 1

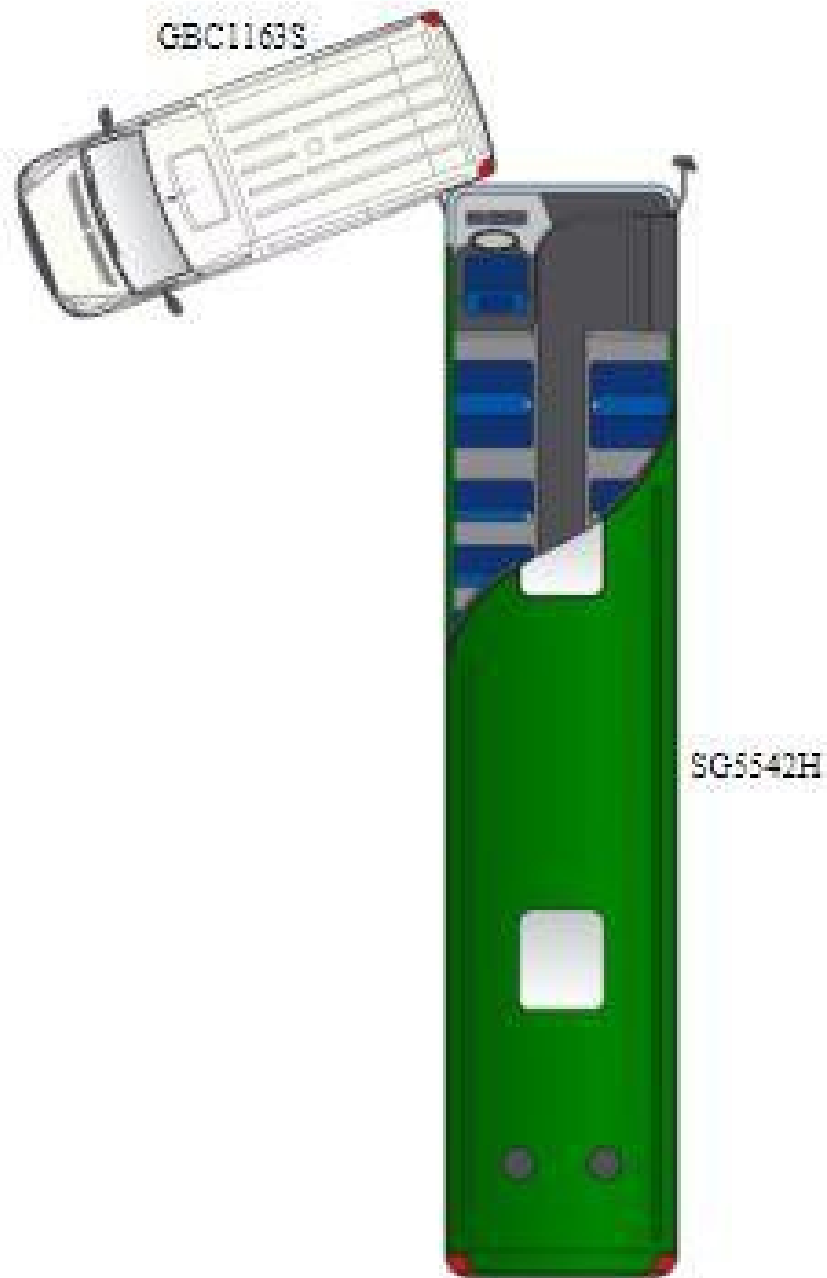
Name	WONG
Phone Number	98572212
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC1163S
Vehicle Make/Model/Colour	WHITE NISSAN URVAN 3.0 5MT ABS AB 5DR LWB PANEL
Details Of Properties	REAR LEFT BODY PANEL
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ZENG JIANFANG

NRIC/Passport Number	G2569439U
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan



Accident Photo



Accident Photo

