

## 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	27/08/2018 14:27
Date Of Accident	23/08/2018 12:40
Exact Location Of Accident	PASIR RIS GREEN X PASIR RIS DR 8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS6505Y
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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	MERCEDES-BENZ
Model	CITARO O530-6.4 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	TAN YONG KIAN
Work Permit No	G2254096W
Date Of Birth	16/01/1991
Occupation	OUTDOOR
Date Of Driving Pass	25/10/2013
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87323825
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	504 PASIR RIS ST 52 #06-147
Postcode	510504
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)	0

#### 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 BEFORE THE SIGNALIZED JUNCTION OF PASIR RIS GREEN & PASIR RIS DR 8 ALONG PASIR RIS DR 3 AS THE TRAFFIC LIGHT WAS RED WHEN THE REAR DOOR OF A HINO BOX LORRY SWING OPEN & HIT THE REAR LEFT WINDOW GLASS & REAR LEFT CCTV OF MY BUS WHEN IT WAS TRYING TO ENTER THE SLIP RD TOWARDS PASIR RIS DR 8. THE REAR LEFT WINDOW GLASS CRACKED & THE REAR LEFT CCTV DISLODGED AS A RESULT OF THE ACCIDENT.

#### Attachment(s)

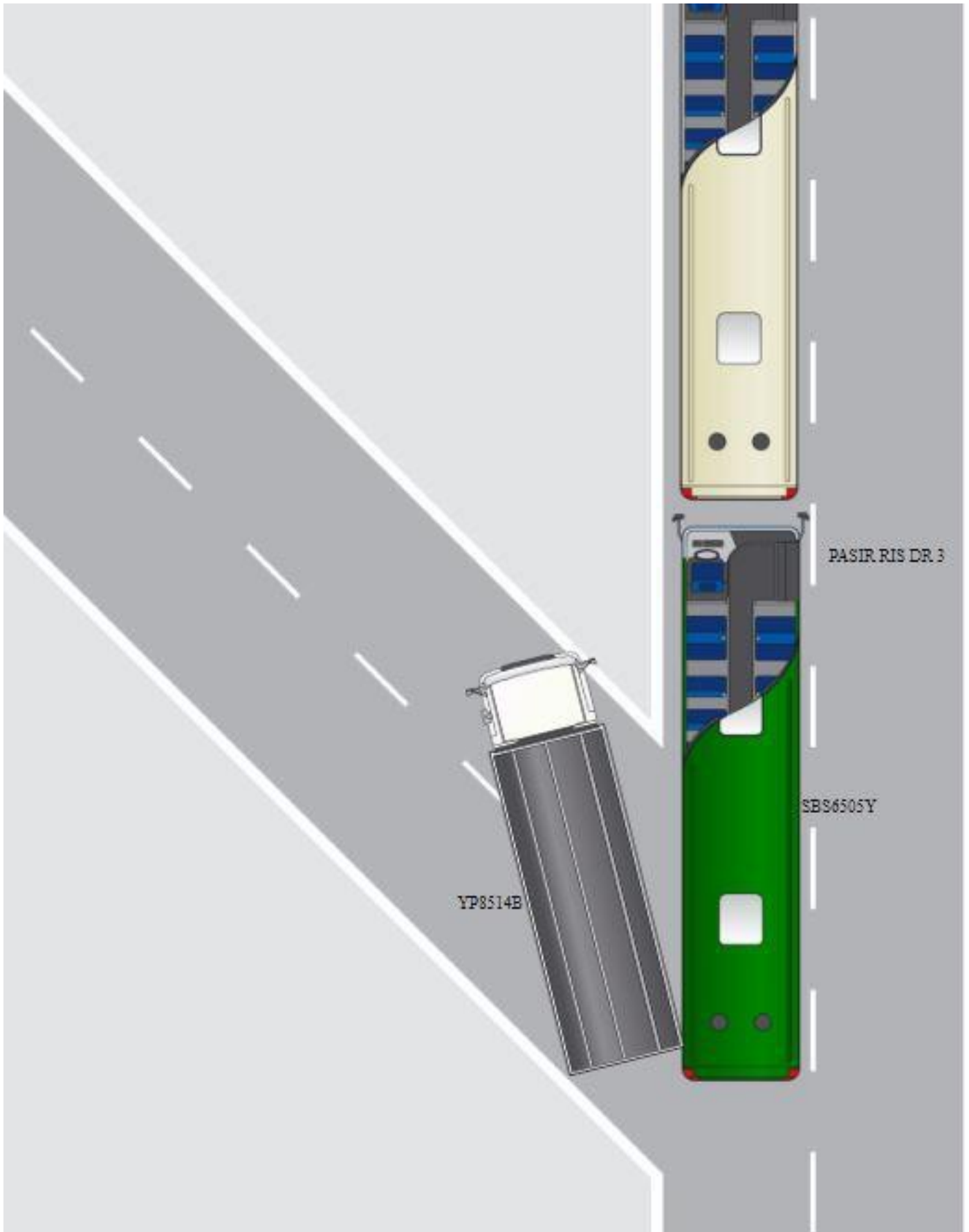
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	DIFFERENT FORMAT
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP8514B
Vehicle Make/Model/Colour	HINO XZU710R 14FT WIDE CAB 5T
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YANG SHINHAI
NRIC/Passport Number	G2726822L
Contact Number	90818669
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

# Sketch Plan



Accident Photo



Accident Photo



Accident Photo



Accident Photo

