#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	23/11/2018 12:42
Date Of Accident	22/11/2018 11:40
Exact Location Of Accident	UPP S'GOON BEFORE HOUGANG AVE 7 & 8
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SBS6465D
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 L AT TURBO ABS (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	BUOONIKALIJAO

Name of Driver PHOON KAH HAO
Work Permit No G2025809N
Date Of Birth 05/11/1986
Occupation OUTDOOR
Date Of Driving Pass 20/06/2018

Driving Experience 0 YEAR AND 5 MONTH

Gender MALE

Mobile Number (LOCAL) +65-84343014

Fax Number

Contact Number

EMail Address NOEMAIL

540 ANG MO KIO AVE 10 Address

#07-2400

Postcode 560540

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** 

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

Weather Conditions 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

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

35 Number of Passengers (Including Driver)

**Details of Police Action** 

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name PASIR RIS NEIGHBOURHOOD POLICE CENTRE

ROAD: 1 PASIR RIS DRIVE 4 . POSTCODE: 519457 . COUNTRY: Police Station Address

**SINGAPORE** 

NO

Police Station Contact TEL NO: 1800-5852999 - FAX NO: 65855261

Was notice of intended Prosecution given?

If Yes, against whom?

# **Circumstances of Accident**

I WAS TRAVELLING ON THE 2ND EXTREME LEFT LANE OF A 4-LANE RD TOWARDS BUS STOP 64061 - OPP S'GOON SEC SCH ALONG UPP S'GOON RD AS THERE'S RD WORKS ON THE EXTREME LEFT LANE. WHILST HEADING STRAIGHT BEFORE THE SIGNALIZED JUNCTION, A SILVER BMW THAT WAS QUEUING BEHIND A STRETCH OF VEHICLES ON THE 2ND EXTREME RIGHT LANE SUDDENLY FILTERED OUT INTO MY LANE WITHOUT ANY INDICATION AT ALL. AS A RESULT, THE FRONT LEFT FENDER OF THE BMW SIDE-SWEPT AGAINST THE REAR RIGHT 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?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SKD5699A

Vehicle Make/Model/Colour SILVER BMW 520I 2.0L AT D/AB 2WD 4DR GAS/D NAV

**Details Of Properties** FRONT LEFT FENDER

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

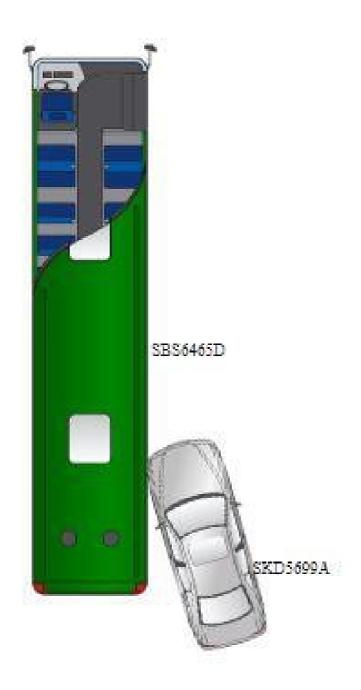
Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### Sketch Plan



# **Accident Photo**

