

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 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.

ACCIDENT STATEMENT

Date Of Report	18/02/2019 16:51
Date Of Accident	16/02/2019 16:45
Exact Location Of Accident	ORCHARD RD 09037 - OPP MANDARIN ORCHARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG1053D
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	TAN WEI YUAN
Work Permit No	G2537477R
Date Of Birth	24/05/1992
Occupation	OUTDOOR
Date Of Driving Pass	19/12/2014
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84251789
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	469 PASIR RIS DR 6 #10-430
Postcode	510469
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	40

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 [BUS] LANE OF A 5-LANE RD ALONG ORCHARD RD TOWARD THE ABOVE-MENTIONED LOCATION WHEN A SILVER HONDA THAT WAS TRAVELLING ON THE ADJACENT LANE ENCROACHED INTO THE BUS LANE FORCEFULLY. AS IT WAS TOO SUDDEN, I TRIED BRAKING BUT WAS STILL UNABLE TO AVOID A COLLISION WHERE THE FRONT LEFT FENDER & MIRROR OF THE HONDA SIDE-SWEPT AGAINST THE FRONT RIGHT CORNER BUMPER OF MY BUS CAUSING THE FRONT RIGHT QUARTER GLASS OF MY BUS TO SHATTER.

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

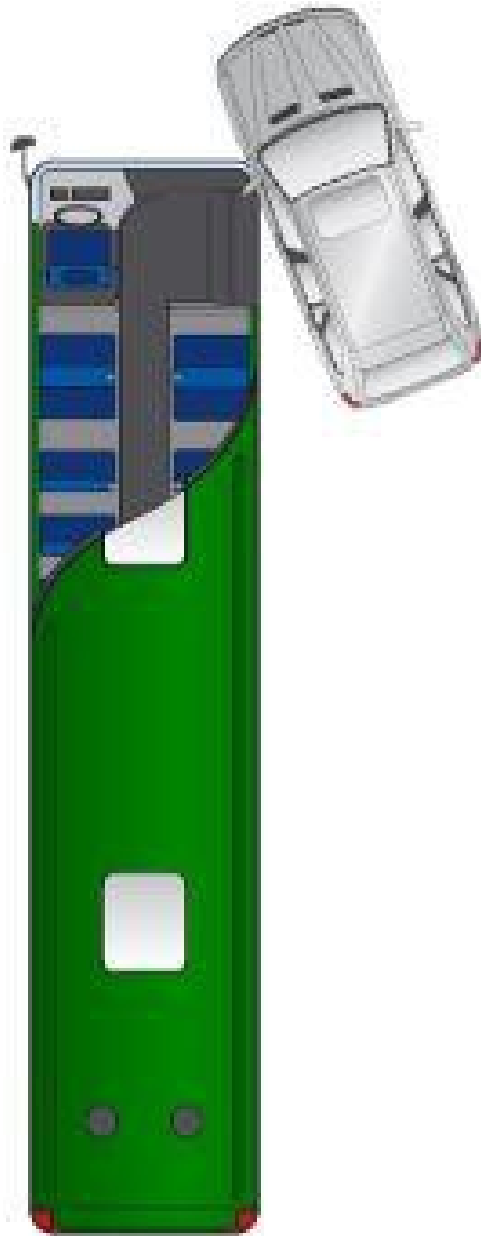
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF5362L
Vehicle Make/Model/Colour	SILVER HONDA FREED HYBRID 1.5G AUTO
Details Of Properties	FRONT LEFT FENDER & FRONT LEFT MIRROR
Vehicle Category	PRIVATE HIRE
Name of Driver	ANG BAN SENG
NRIC/Passport Number	S1397524H
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SMF5362L



SG1053D

Accident Photo



Accident Photo

