

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	02/08/2019 15:16
Date Of Accident	01/08/2019 18:15
Exact Location Of Accident	TEMASEK AVE 02161 - PROMENADE STN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS6448D
Insured/Policyholder	
Name Of Registered Owner	GO AHEAD SINGAPORE 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-18091603MFBP
Cover Note Number	

Driver

Name of Driver	THAM SAN HON
NRIC No	S6960230D
Date Of Birth	16/10/1969
Occupation	OUTDOOR
Date Of Driving Pass	25/03/2000
Driving Experience	19 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87161875
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	16 JALAN PENYIARAN 7 TAMAN UNIVERSITI
Postcode	81300
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	COLLIDED INTO PARKED VEHICLE
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)	60

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

MY BUS WAS STATIONARY BOARDING PASSENGERS AT THE ABOVE-MENTIONED LOCATION WHEN I SUDDENLY FELT AN IMPACT. WHEN I LOOKED TO THE FRONT, I NOTICED A BLACK LEXUS ES250 WITH A PUNCTURED FRONT LEFT TYRE STOPPING AHEAD. I REALIZED IT WAS THE BLACK LEXUS THAT HAD COLLIDED MY BUS WHERE THE REAR RIGHT PANEL OF MY BUS WAS DAMAGED WHILE THE FRONT LEFT FENDER & MIRROR OF THE LEXUS WERE ALSO DAMAGED DUE TO THE COLLISION

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	SLT252S
Vehicle Make/Model/Colour	BLACK TOYOTA LEXUS ES250 LUXURY A/T S/R
Details Of Properties	FRONT LEFT FENDER, TYRE, MIRROR & DOOR
Vehicle Category	PRIVATE CAR
Name of Driver	CHERYL AW YONG
NRIC/Passport Number	S9203092Z
Contact Number	98368211
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan



Accident Photo



Accident Photo



Accident Photo

