

## 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	18/09/2019 11:48
Date Of Accident	17/09/2019 16:55
Exact Location Of Accident	T4 WAY X T4 LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS6485X
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#### 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	CL500-5.0 (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	LAI KOY FATT
Work Permit No	G6853411P
Date Of Birth	02/03/1986
Occupation	OUTDOOR
Date Of Driving Pass	17/07/2012
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86965562
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	2 JALAN PERMAS 6/22 BANDAR BAHRU PERMAS JAYA
Postcode	81750
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	20

#### 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 TOWARDS B/S 95209 - CHANGI AIRPORT PTB4 ALONG T4 CRES WHEN A BLUE COMFORT-DELGRO TAXI THAT WAS TRAVELLING ON THE RIGHT LANE SUDDENLY ENCROACHED INTO MY LANE AT THE SIGNALIZED JUNCTION OF THE ABOVE-MENTIONED LOCATION WHERE THE REAR LEFT FENDER OF THE TRANSCAB SIDE-SWEPT AGAINST THE FRONT RIGHT CORNER BUMPER OF MY BUS WHERE THE FRONT RIGHT QUARTER GLASS SHATTERED. A MALAY YOUNG GIRL & A ELDERLY MALAY LADY WERE ALSO INJURED DUE TO THE COLLISION & SUBSEQUENTLY CONVEYED TO THE HOSPITAL VIA AMBULANCE

#### Attachment(s)

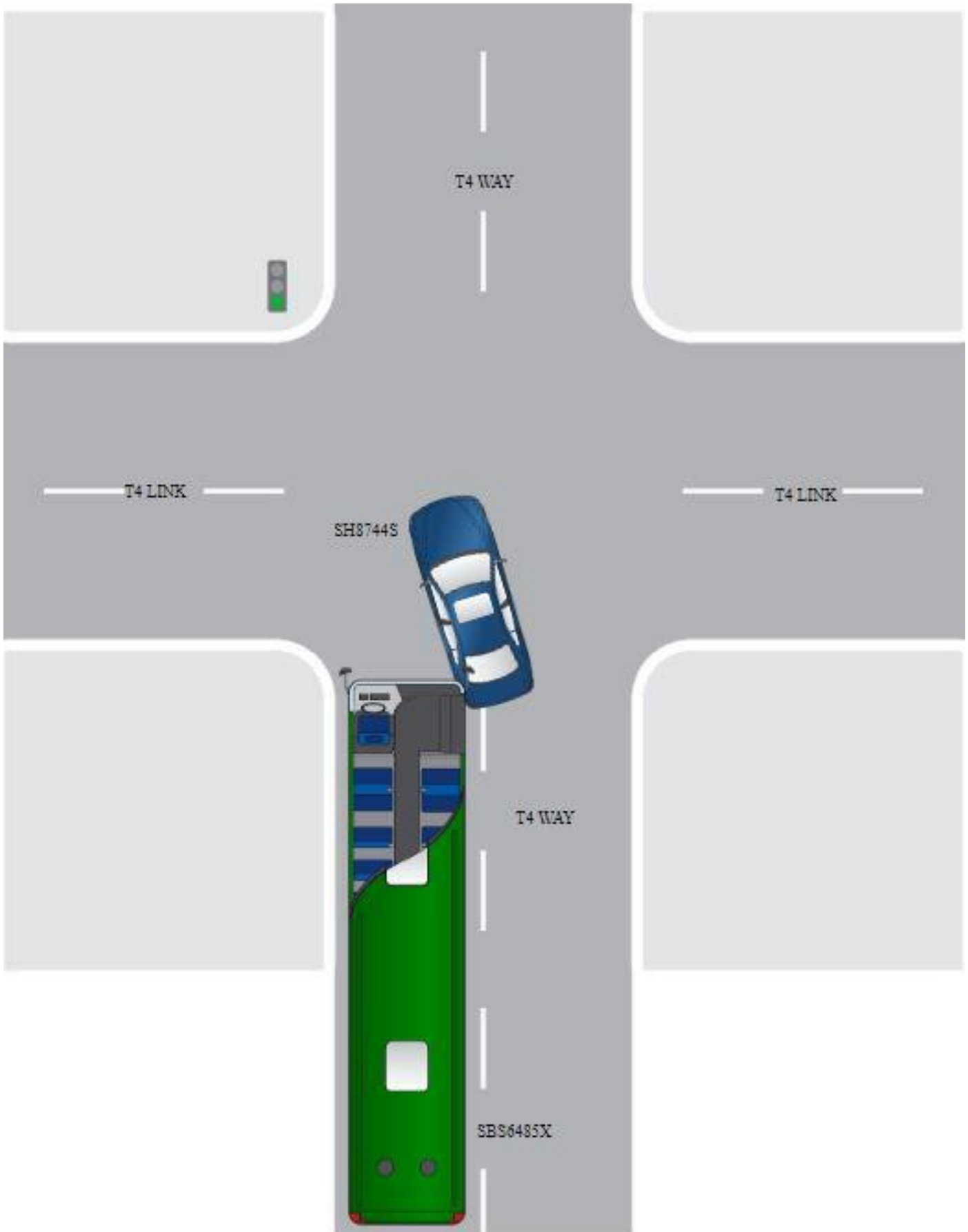
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	DIFFERENT FORMAT
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH8744S
Vehicle Make/Model/Colour	BLUE HYUNDAI 40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Details Of Properties	REAR LEFT FENDER
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

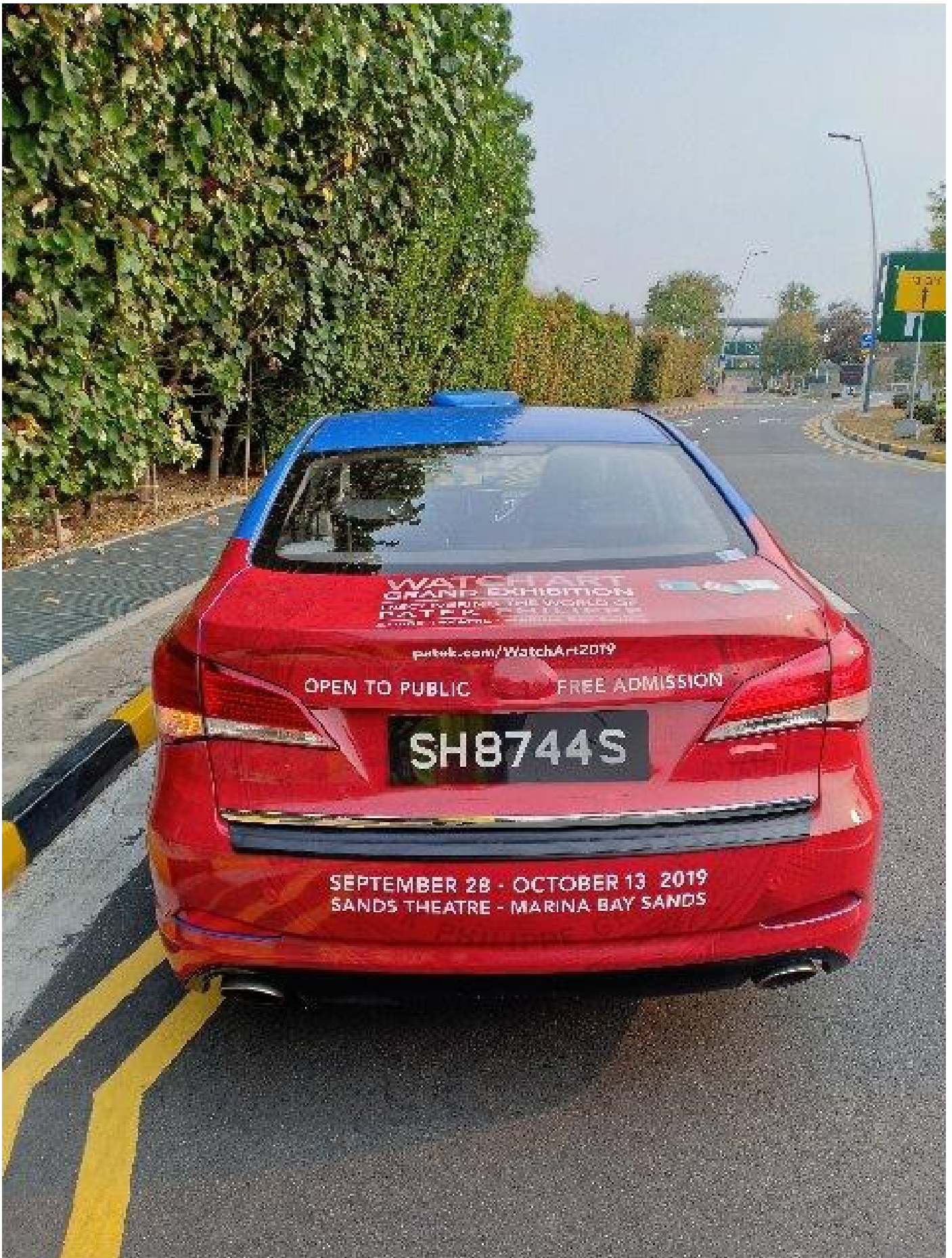
# Sketch Plan



Accident Photo



Accident Photo



Accident Photo



Accident Photo

