MGAL19130814 / Go Ahead Loyang Pte. Ltd. - HQ ENTRY DATE & TIME: 03/10/2019 10:14 SUBMITTED BY: Chan Weijie

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 04/10/2019 10:22

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 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.

	ACCIDENT STATEMENT
Date Of Report	03/10/2019 10:14
Date Of Accident	02/10/2019 13:25
Exact Location Of Accident	UPP CHANGI RD N 97011 - THE JAPANESE SCH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SBS3488H
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	VOLVO
Model	B9TL-9.4 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-18091603MFBP
Cover Note Number	
Driver	
Name of Driver	ANG WOON GHEE
NRIC No	S0187533G
Date Of Birth	13/05/1951
Occupation	OUTDOOR
Date Of Driving Pass	23/05/1972
Driving Experience	47 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98193015
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

126 BEDOK NTH ST 2

#12-74

Postcode

460126

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

30

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 [SBS3488H] WAS WAITING AT THE ABOVE-MENTIONED LOCATION BEHIND A SBS TRANSIT SERVICE 37 BUS [SG6076E] AFTER ALIGHTING/BOARDING PASSENGERS WHEN I FELT AN IMPACT FROM THE REAR OF MY BUS. I LOOKED THROUGH THE REAR VIEW MIRROR & SAW THAT A BLUE COMFORT-DELGRO TAXI [SHC8787A] SIDE-SWEPT THE REAR RIGHT CORNER BUMPER OF MY BUS & FLED THE SCENE

Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

DIFFERENT FORMAT

Was there any audio recorded?

NO

Details of Witness 1

Name

SEAH BOON CHEONG

Phone Number

93926151

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC8787A

Vehicle Make/Model/Colour

BLUE HYUNDAI 140 1.7 CRDI F/L AT ABS AIRBAG 4DR

Details Of Properties

FRONT LEFT MIRROR

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

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





POLICE REPORT 1





Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

1 of 3 Report No. T/20191003/2095

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No.: Station Diary No.: 03/10/2019 15:08 87 Informant's Particulars Name of Informant: Address: ANG WOON GHEE APT BLK 126 BEDOK NORTH STREET 2 #12-74 SINGAPORE 460126 ID Type / ID No .: Contact No. NRIC NO / S0187533G Home/Office: Mobile: 98193015 Nationality Email: SINGAPORE CITIZEN Type of Informant: Sex: Age: Date of Birth: Male 68 13/05/1951 Driver Race: Language: Institution / School Name: Chinese Occupation: Driving Licence Information: Bus driver Class: 3,4 Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/10/2019 13:25	Type of Location BUS STOP
BUS STOP 9	NGI ROAD NORTH	THE JAPANESE SCH		Road Speed Limit:
Weather:				room opour mine
Clear		Dry		
A.A. at at at a t	Since Control Address of the Control Address	Dry Traffic Control: Not Controlled	1	Traffic Volume:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SBS3488H	Bus/Coach/Mi nibus					0
SHC8787A	Car					0

POLICE REPORT 2





2 of 3

Report No. T/20191003/2095

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE

CONTINUATION OF REPORT

Brief Details.

Tel No: 1800-5852999

519457

On 02/10/2019 at about 1325hrs, I was driving a double-deck Go-Ahead bus, service number 2, bearing the registration number of SBS3488H. When the accident occurred, I was at a bus stop along Upper Changi Road North, bus stop 97011, in front of The Japanese School.

I was behind a SBS Transit bus, service number 37, when I was at the bus stop alighting passengers. Hence, a portion of the rear of my bus is slightly out of the bus stop as the bus is long. As I was alighting the passengers, I suddenly felt an impact from the rear of the bus. I looked at the right side mirror and saw that there was a blue colored Comfort Delgro taxi bearing the registration number of SHC8787A, which was close to the right rear side of my vehicle. I then noticed that the taxi driver reversed and drove off. I horned at the driver and asked him to stop but he did not, and he drove off.

I went down to make a check and there were scratches at the rear right bumper of my vehicle. There were about 30 passengers and all were fine. No one was injured. No traffic Police or Ambulance was at the accident.

I have the footage of the accident.

POLICE REPORT 3





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999 3 of 3 Report No. T/20191003/2095

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Reco		Signature Of Informant:	
Sgt 3 PHYLLIS TAN SI M	AN 9	#	
Signature Of Interpreter: Not applicable	,	Date/Time: 03/10/2019 15:08	a:
Officer In Charge Of Case TP / HRT / SI KALESWARI PALANI Contact No.: 65476902):	Classification Of Case:	
Authentication Stamp	SINGAPORE POLICE FORCE		
NF 100	SIGNA	TURE	