

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 | 24/10/2019 14:30 |
| Date Of Accident | 23/10/2019 18:20 |
| Exact Location Of Accident | YCK RD X S'GOON GDN WAY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SBS3462G |
| 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 | TIAN JIPU |
| Work Permit No | G8533613X |
| Date Of Birth | 10/03/1980 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 21/12/2017 |
| Driving Experience | 1 YEAR AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91325148 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|-------------------------------|
| Address | 484 PASIR RIS DR 4 #13-377 |
| Postcode | 510484 |
| 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 | SIDE SWIPE |
| 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) | 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 WAS WAITING STATIONARY BEFORE THE SIGNALIZED JUNCTION OF THE ABOVE-MENTIONED LOCATION WHEN I FELT AN IMPACT COMING FROM THE REAR OF MY BUS. I LOOKED THROUGH MY REAR VIEW MIRROR & SAW A WHITE HINO THAT WAS TURNING LEFT TOWARDS S'GOON GDN WAY GRAZED AGAINST THE REAR LEFT PANEL OF MY BUS

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 OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------------------------------|
| Vehicle Registration Number | YP5154B |
| Vehicle Make/Model/Colour | WHITE HINO XZU710R 14FT WIDE CAB 7T |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | SHAHIDULLAH MD |
| NRIC/Passport Number | G0040239M |
| Contact Number | 88456264 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

Sketch Plan

