

## 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	30/12/2019 09:52
Date Of Accident	27/12/2019 14:40
Exact Location Of Accident	ALONG BUKIT TIMAH ROAD TOWARDS CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5514X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITI SUPPLY TOURS AND HOLIDAYS PTE LTD
Co Reg No	2XXXXX704M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82071500
Alternative Phone No	OFFICE-82071500

### Vehicle Particulars

Manufacturer	YUTONG
Model	ZK6938H-6.7 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5086402703-03
Cover Note Number	

### Driver

Name of Driver	GUNALAN A/L NACHIMUTHOO
NRIC No	FXXXX325N
Date Of Birth	27/09/1970
Occupation	OUTDOOR
Date Of Driving Pass	21/03/2019
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82071500
Fax Number	
Contact Number	OFFICE-82071500
Email Address	NOEMAIL

Address	NO 3 JALAN BUKIT KEMPAS 3/1 TAMAN BUKIT KEMPAS TAMPOI 81200 JOHOR BAHRU
Postcode	JOHOR
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)	1

#### 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

ON 27.12.2019 AT ABOUT 14.40 HRS I LEFT ALBERT WINSEMIUS ROAD DRIVING MY BUS BEARING NUMBER PC5514X WHICH BELONG TO CITI SUPPLY TOURS AND HOLIDAY COMPANY PTE LTD TOWARDS CITY VIA CLEMENTI ROAD I REACHED AT THE TRAFFIC JUNCTION OF BUKIT TIMAH ROAD AND STOPPED AS THE LIGHT WAS RED. I PROCEEDED TO MOVE TO TURN RIGHT SIDE HEADING TOWARDS BUKIT TIMAH CITY AT THIS JUNCTION A CAR NUMBER SLM3752H WHICH WAS TRAVELLING ON MY RIGHT LANE HIT ON RIGHT SIDE OF MY BUS. INSTEAD OF TURNING RIGHT THE CAR INTENDED TO GO STRAIGHT AND HIT MY BUS RIGHT HAND SIDE

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM3752H
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	