

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	02/01/2020 16:02
Date Of Accident	26/12/2019 10:55
Exact Location Of Accident	JLN EUNOS BEF EUNOS FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS6456E
Insured/Policyholder	
Name Of Registered Owner	GO AHEAD SINGAPORE PTE LTD
Co Reg No	2XXXXX900C
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-19094111MFBP
Cover Note Number	

Driver

Name of Driver	CHEAH WEI CHEAN
Work Permit No	GXXXX811P
Date Of Birth	10/03/1981
Occupation	OUTDOOR
Date Of Driving Pass	02/05/2013
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90935066

Fax Number
 Contact Number
 EMail Address NOEMAIL
 Address 411 EUNOS RD 5
 #10-132
 Postcode 400411
 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 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? YES
 If Yes, Please state which Police Station
 Police Station Name CHAI CHEE NPP
 Police Station Address **ROAD:** BLK 35 CHAI CHEE AVE #01-256/258 , **POSTCODE:** 461035 ,
COUNTRY: SINGAPORE
 Police Station Contact **TEL NO: - FAX NO:**
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

WHILE TRAVELLING ON THE 2ND LANE FROM THE EXTREME LEFT OF A 5-LANE RD TOWARDS B/S 72011 - BLK 322 ALONG JLN EUNOS, A GREY NISSAN NV350 THAT WAS TRAVELLING ON THE RIGHT SIDE OF MY BUS SUDDENLY ENCROACHED INTO MY LANE WHERE THE FRONT LEFT MIRROR OF GBF9724E GRAZED AGAINST THE REAR RIGHT PANEL OF MY BUS. I STOPPED MY BUS BY THE SIDE EXPECTING GBF9724E'S DRIVER TO COME DOWN & EXCHANGED PARTICULARS WITH ME. HOWEVER, IT FLED THE SCENE

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 GBF9724E
 Vehicle Make/Model/Colour GREY NISSAN NV350 PANEL VAN 2.5 5AT 5DR EURO V

2/14/2020

E-FILE

Details Of Properties

FRONT LEFT MIRROR

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

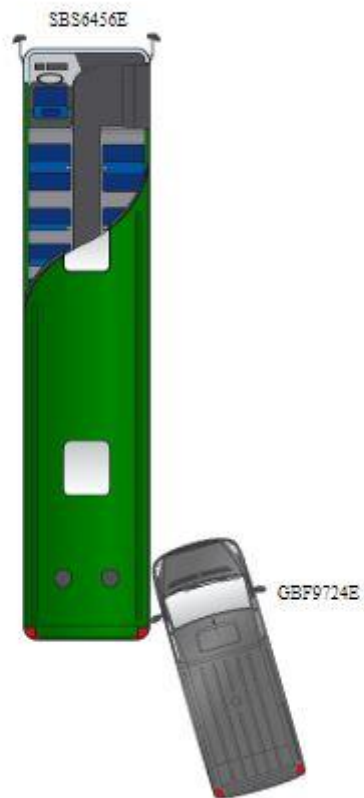
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



Accident Photo



Accident Photo

