

## 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	01/09/2020 13:10
Date Of Accident	29/08/2020 09:40
Exact Location Of Accident	UPP S'GOON RD X JLN RENGKAM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS6497L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GO AHEAD SINGAPORE PTE LTD
Co Reg No	2XXXXX900C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63847169
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-19094111MFBP
Cover Note Number	
<b>Driver</b>	
Name of Driver	DAI YONG
Work Permit No	GXXXX420T
Date Of Birth	27/08/1986
Occupation	OUTDOOR
Date Of Driving Pass	18/09/2017
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83227897
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address	482 PASIR RIS DR 4 #11-381
Postcode	510482
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)	11

#### 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

WHILST TRAVELLING ON THE EXTREME LEFT LANE OF A 3-LANE RD TOWARDS B/S 63049 • GLAD TIDINGS CH ALONG UPP S'GOON RD, A GREY TOYOTA CAMRY 2.0 AUTO DASHED OUT OF THE PARALLEL PARKING LOT WITHOUT CHECKING WHERE THE TOYOTA'S FRONT RIGHT FENDER COLLIDED ON TO THE MIDDLE PANEL OF MY BUS

#### 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

Vehicle Registration Number	SFK6500E
Vehicle Make/Model/Colour	GREY TOYOTA CAMRY 2.0 AUTO
Details Of Properties	FRONT RIGHT FENDER
Vehicle Category	PRIVATE CAR
Name of Driver	LEE ENG HAM
NRIC/Passport Number	
Contact Number	96281373
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

