

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	08/09/2020 09:22
Date Of Accident	06/09/2020 13:00
Exact Location Of Accident	SERANGOON AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS8429X
Insured/Policyholder	
Name Of Registered Owner	SBS TRANSIT LTD
Co Reg No	1XXXXXXXXXXTE01
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65529606

Vehicle Particulars

Manufacturer	SCANIA
Model	NA
Exact Purpose for which vehicle was being used at time of accident	TRANSPORT
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	ACT
Fleet Policy	NO
Policy Number	D-20095429MFBP
Cover Note Number	

Driver

Name of Driver	PHUA HENG YONG
NRIC No	SXXXX313F
Date Of Birth	23/08/1965
Occupation	OUTDOOR
Date Of Driving Pass	26/01/1987
Driving Experience	33 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	NOADDRESS
Postcode	
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	20

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 mentioned date and time, I was driving bus svc 45 in the middle lane of 3 lanes rd as there were vehicles turning left into Serangoon Ave 3 at extreme left lane rd and A m/car (SLR8803K) which plying on my right with intention turning right into Serangoon Ave 3. In the midst it, the said car swerve into my lane and grazed with my bus. As a result, my bus sustained big scratches on right portion. The said car sustained damage on left front. No one was injured. Bus resumed svc after exchanged our particulars.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR8803K
Vehicle Make/Model/Colour	
Details Of Properties	LEFT FRONT DAMAGED
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

