

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	02/11/2020 14:52
Date Of Accident	30/10/2020 14:55
Exact Location Of Accident	HOUANG ST 21 63221 • KOVAN HUB
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS6536H
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	CHIA CHIN HONG
Work Permit No	GXXXX289M
Date Of Birth	21/07/1979
Occupation	OUTDOOR
Date Of Driving Pass	15/11/2016
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88232267
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	2 LOYANG WAY
Postcode	508776
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)	14

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

BC Chia was driving SBS6536H for service 119 on the above-mentioned date & time. Whilst exiting the above-mentioned location, a blue Comfort-Delgro taxi [SH6592B] stopped inside the chevron markings waiting for the traffic to turn green. When the traffic light turn green, BC Chia proceed to turn left. However, SH6592B did not give way to SBS6536 but inched out where SBS6536H's rear left body panel & tyre damaged after it grazed against SH6592B's front left fender & head lamp.

Attachment(s)

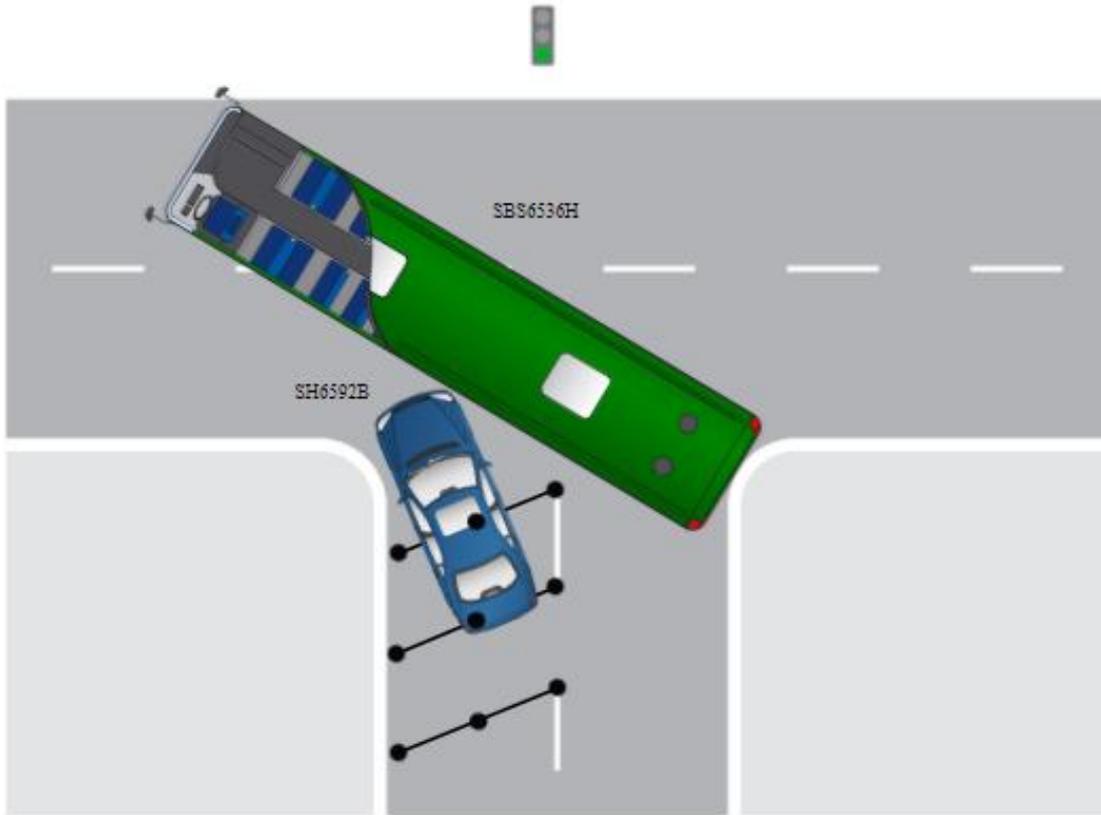
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	DIFFERENT FORMAT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH6592B
Vehicle Make/Model/Colour	BLUE HYUNDAI I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Details Of Properties	FRONT RIGHT FENDER
Vehicle Category	TAXI
Name of Driver	TANG WAI YEE PHILIP
NRIC/Passport Number	SXXXX272D
Contact Number	96668936
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan



POLICE REPORT 1



**SINGAPORE
POLICE FORCE**



T/20201031/2060

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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Report No. T/20201031/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/10/2020 13:46	Vide Report No.:	Station Diary No.: 35
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Informant's Particulars			
Name of Informant: CHIA CHIN HONG		Address: 3 CHANGI BUSINESS PARK CENTRAL 1 632 CAPRI BY FRASER CHANGI CITY SINGAPORE 486037	
ID Type / ID No.: FIN NO / G7216289M		Contact No.: Home/Office: Mobile: 88232267	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 41	Date of Birth: 21/07/1979	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Bus driver		Driving Licence Information: Class: 2B,3,4A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/10/2020 15:00	Type of Location: Bend
Location: HOUGANG STREET 21				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 40 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBS6536H	Bus/Coach/Minibus				Totally Damaged	13
SH6592B	Car				Seriously Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT 2



**SINGAPORE
POLICE FORCE**



T/20201031/2060

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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Report No. T/20201031/2060

CONTINUATION OF REPORT

Driver			
Name	CHIA CHIN HONG	ID No.	G7216289M
Related Vehicle	SBS6536H (Bus/Coach/Minibus)	Contact No.	88232267
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TANG WAI YEE PHILIP	ID No.	S1799272D
Related Vehicle	SH6592B (Car)	Contact No.	96668936
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location, I was driving my vehicle (SBS6536H) along Hougang St 21. My vehicle came to a complete stop as the traffic light was red. I have checked my blindspot on the left and I saw, a blue taxi (SH6592D) stationed near my rear side of my vehicle. When the light turn green, I started my vehicle and the taxi did not give way thus collided on my vehicle. Collision on my rear left side of my vehicle with his right front of his vehicle.

My vehicle sustained scratch and dents marks along the left rear and centre and one tyre on the rear left had punctured marks. Myself and all 13 passengers did not sustain any injuries. My in-car camera footage is working and I have images of the incident.

The taxi sustained a few damages to the front right part of his vehicle. The taxi sustained scratches, fairing peeled off and broken headlight. The driver did not sustain any injuries.

 SINGAPORE
POLICE FORCE



SIGNATURE

POLICE REPORT 3



SINGAPORE
POLICE FORCE



T/20201031/2060

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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Report No. T/20201031/2060

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 1 NOORSHARFIRAH BINTE MOHAMED JUMADI
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt JOFILIANO BIN MOHAMED ALI Contact No.: 65476960

Signature Of Informant:
Date/Time: 31/10/2020 13:46
Classification Of Case:

Authentication Stamp
NP168



Accident Photo



Accident Photo

