

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 Submission 09/04/2021 14:41 (SGT)
Date of Accident 29/03/2021 17:26 (SGT)
Exact Location of Accident Sengkang E Way & Sengkang E Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBS3320H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GO AHEAD SINGAPORE PTE LTD
Company Reg No [REDACTED]
Email Address [REDACTED]
Mobile Phone No (Phone) +65 [REDACTED]
Alternative Phone No (Office) +65 [REDACTED]

VEHICLE PARTICULARS

Manufacturer Volvo
Model B91
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Bus
Transmission Auto
CC 9400

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number [REDACTED]
Cover Note Number -

DRIVER

Name of Driver Elangovan A/L Kuppusamy
Work Permit No [REDACTED]

Date Of Birth	[REDACTED]
Occupation	Outdoor
Date Of Driving Pass	[REDACTED]
Driving experience	14 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-[REDACTED]
Alt. Phone Number	-
Email Address	[REDACTED]
Address	[REDACTED]
Address complement	-
Postcode	[REDACTED]
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING TOWARDS 67419 • SENGKANG GENARAL HOSP VIA THE EXTREME LEFT LANE OF A 4-LANE ROAD ALONG SENGKANG E RD WHEN THE REAR RIGHT CCTV OF SBS3320H SIDE SWEEPED AGAINST THE FRONT LEFT MIRROR OF A WHITE PRIVATE COACH [CB8803B] TRAVELLING ON THE ADJACENT LANE

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	DIFFERENT FORMAT
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	CB8803B
Vehicle Manufacturer	Yutong
Vehicle Model	Zk6107h
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Bus
Name of Driver	WANG BIZHUANG

Work Permit No	-1
Contact Number	(Phone) +65 [REDACTED]
Address	[REDACTED]
Address complement	-
Postcode	[REDACTED]
Insurance Company Name	Liberty Insurance Pte Ltd
Nature Of Damage	FRONT LEFT MIRROR
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

