Your NCD will be affected due to late reporting

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 witholding 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	22/06/2021 14:01 (SGT)
Date of Accident	19/06/2021 07:53 (SGT)
Exact Location of Accident	Near Aljunied CC, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG5098Z

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Go Ahead Singapore Pte Ltd
Company Reg No	2XXXXX900C
Email Address	enquiries@go-aheadsingapore.com
Mobile Phone No	(Phone) +65-63847169
Alternative Phone No	(Office) +65-63847169

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	B9tl
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 - Claiming third party
Vehicle Category	Bus
Transmission	Manual
CC	9400

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D-19094111MFB
Cover Note Number	-

DRIVER

Name of Driver	Mohamad Fadly Bin Johari
NRIC No	SXXXX112H

Date Of Birth	10/01/1983
Occupation	Outdoor
Date Of Driving Pass	02/06/2006
Driving experience	15 YEARS
Gender	Male
Mobile Number	(Phone) +65-98573372
Alt. Phone Number	-
Email Address	enquiries@go-aheadsingapore.com
Address	Blk 29 New Upper Changi Road
Address complement	#04-754
Postcode	464029
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	Collision - Change/cross lane
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

BC was driving service 518 [SG5098Z] on the above-mentioned date & time. While exiting the above-mentioned location & heading towards 63291 • Opp Blk 115 Lor Ah Soo via Hougang Ave 1, a grey Mitsubishi Eclipse Cross [SMF4087M] that was travelling on the adjacent lane suddenly encroached into the extreme left lane in order to enter the MSCP on the left. BC was unable to stop in time where SMF4087M's rear left fender side swept against SG5098Z's front right lamp holder & lower bumper

ATTACHMENT(S)

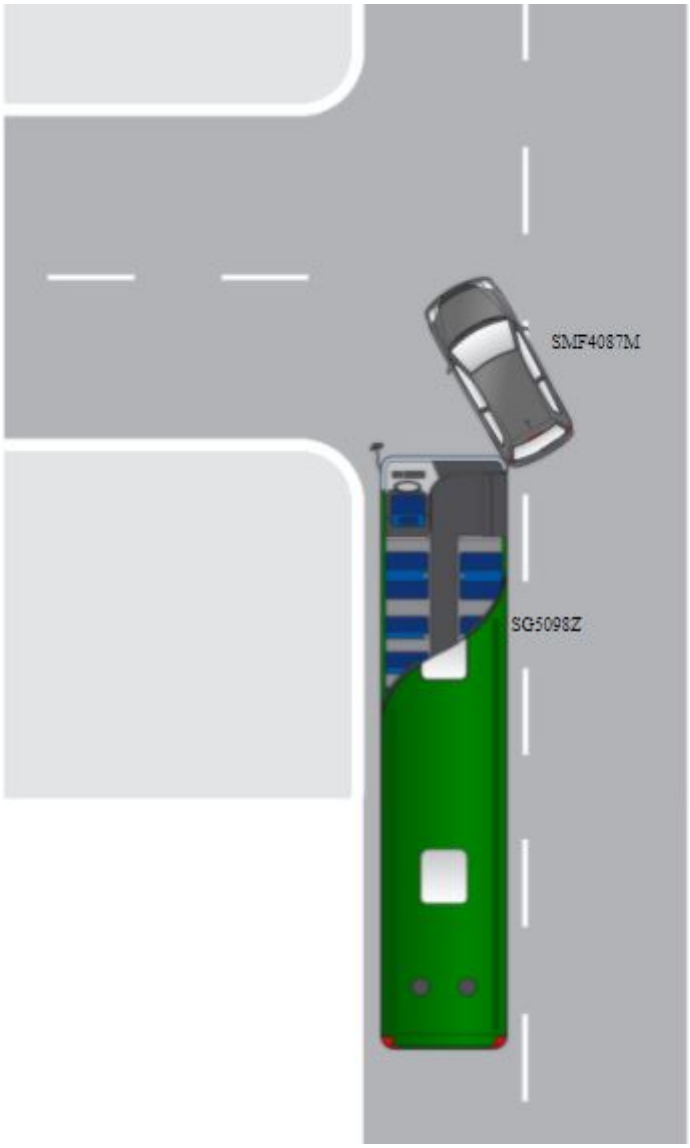
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	DIFFERENT FORMAT
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF4087M
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Eclipse cross
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	Seng Pei Shan

NRIC No	SXXXX902Z
Contact Number	(Phone) +65-81616256
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN



IMAGES

IMAGES #2

IMAGES #3