

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 26/07/2021 16:03 (SGT)
Date of Accident 24/07/2021 14:44 (SGT)
Exact Location of Accident Near 81 Anchorvale Cres, Singapore 566440
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBS15J

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 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 - Claiming third party
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 D-19094111MFB
Cover Note Number -

DRIVER

Name of Driver Goh Tian Choh
NRIC No SXXXX897C

Date Of Birth	07/12/1964
Occupation	Outdoor
Date Of Driving Pass	28/07/1987
Driving experience	34 YEARS
Gender	Male
Mobile Number	(Phone) +65-94899728
Alt. Phone Number	-
Email Address	enquiries@go-aheadsingapore.com
Address	187B Rivervale Drive
Address complement	#10-862
Postcode	542187
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 - Major/Minor Rd
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 vehicle 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

WHILST HEADING TOWARDS 67599 • OPP BLK 293D VIA THE EXTREME LEFT LANE OF A 4-LANE RD ALONG SENGKANG EAST RD, A BLACK KIA CERATO 1.6(A) EX [SMM8546S] DASHED OUT FROM THE SLIP RD OF ANCHORVALE ST WITHOUT STOPPING WHERE SMM8546S'S FRONT BUMPER COLLIDED ONTO SBS15J'S REAR LEFT ENGINE SIDE PANEL & 3RD AXLE WHEEL ARC PANEL

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	SMM8546S
Vehicle Manufacturer	Kia
Vehicle Model	Cerato

Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	Chiok Yong Jie
NRIC No	TXXXX635J
Contact Number	-
Address	705 Jurong West St 71
Address complement	#08-76
Postcode	640705
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	Cheong Chen Yang
Phone	(Phone) +65-98250745
Email	spikeyccy@yahoo.co.uk









