

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 01/10/2021 12:03 (SGT)
Date of Accident 29/09/2021 20:20 (SGT)
Exact Location of Accident Lor Chuan & Ang Mo Kio Ave 1, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBS6455H

INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Citaro
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 6400

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 Zulkiflee Bin Lebar
Work Permit No GXXXX432L

Date Of Birth	18/10/1970
Occupation	Outdoor
Date Of Driving Pass	24/05/2018
Driving experience	3 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86159274
Alt. Phone Number	-
Email Address	claimsmatter@go-aheadsingapore.com
Address	2 LOYANG WAY
Address complement	-
Postcode	508776
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 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

BC Zulkiflee was driving service 136 [SBS6455H] on the above-mentioned date & time. Whilst heading towards the above-mentioned location via the extreme left lane of a 3-lane road along Lor Chuan when a black Mazda 2 [SML5760P] travelling on the adjacent lane veered towards SBS6455H where SML5760P's front left fender & mirror were damaged after side sweeping against SBS6455H's rear right signal light cover & body 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	SML5760P
Vehicle Manufacturer	Mazda
Vehicle Model	2
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	Goh Jianyi, Stephanie

NRIC No	SXXXX132Z
Contact Number	-
Address	550A Segar Rd
Address complement	#06-618
Postcode	671550
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



