

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 11/05/2022 14:39 (SGT)
Date of Accident 10/05/2022 20:19 (SGT)
Exact Location of Accident Pasir Ris Street 51 & Pasir Ris Dr 1, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBS6535K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Go Ahead Singapore Pte Ltd
Company Reg No 201541900C
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 - Reporting only
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 Koh Yi Huai
NRIC No T0077546G

Date Of Birth	22/03/2000
Occupation	Outdoor
Date Of Driving Pass	14/06/2021
Driving experience	11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82870314
Alt. Phone Number	-
Email Address	claimsmatter@go-aheadsingapore.com
Address	802 Woodlands Street 81
Address complement	#09-79
Postcode	730802
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 - Head to Rear
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 Koh was driving service 359 [SBS6535K] on the above-mentioned date & time. Whilst heading towards the above-mentioned location, a GAS service 359T was the 1st vehicle followed by a black Honda Shuttle [SMT6576G]. However, from the CCTV footage, BC Koh seems to be dozing off where SBS6535K crept & collided onto SMT6576G's rear 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	SMT6576G
Vehicle Manufacturer	Honda
Vehicle Model	Shuttle
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	Govindasamy S/O Paramasivam

NRIC No	S1840676D
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-





