

## 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 .....	05/07/2022 17:57 (SGT)
Reported by .....	Both
Date of Accident .....	01/07/2022 18:52 (SGT)
Exact Location of Accident .....	Near 60 Tampines North Drive 2, Singapore 528764
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SG5914T
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#### 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 .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Man
Model .....	A95
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 .....	9500

#### INSURANCE COMPANY

Name of Insurance Company .....	MS First Capital Insurance Ltd
Policy Number / Cover Note Number .....	D-19094111MFB

#### DRIVER

Name of Driver .....	Mohamed Yusoff Bin Abdullah
NRIC No .....	SXXXX814E
Date Of Birth .....	16/08/1965
Occupation .....	Outdoor

Date Of Driving Pass .....	12/09/1989
Driving experience .....	32 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91807427
Alt. Phone Number .....	-
Email Address .....	claimsmatter@go-aheadsingapore.com
Address .....	54 Chai Chee Street
Address complement .....	#13-863
Postcode .....	460054
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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 Yusoff was driving service 118 [SG5914T] on the above-mentioned date & time. While waiting to enter the above-mentioned location, the front left mirror of a red Hyundai Accent [SMH907M] dislodged after side sweeping against SG5914T's rear right corner bumper, reverse & fog lamp

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMH907M
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	Accent
Vehicle Variant .....	-
Vehicle Colour .....	Red
Vehicle Category .....	Private hire

Name of Driver .....	TEOH SOON HUAT
NRIC No .....	SXXXX632B
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-









