

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 Actual 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	16/11/2022 15:35 (SGT)
Reported by	Both
Date of Accident	15/11/2022 17:07 (SGT)
Exact Location of Accident	New Upper Changi Rd, Bedok Int, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG5058P
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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	-

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 - Reporting only
Vehicle Category	Bus
Transmission	Auto
CC	9400

INSURANCE COMPANY

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

DRIVER

Name of Driver	Ng Yam Khoo
NRIC No	S0149621B
Date Of Birth	22/08/1950
Occupation	Outdoor

Date Of Driving Pass	05/05/1972
Driving experience	50 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97826719
Alt. Phone Number	-
Email Address	claimsmatter@go-aheadsingapore.com
Address	714 Tampines Street 71
Address complement	#11-204
Postcode	520714
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	Collided into Parked Vehicle
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 Ng was driving service 17 [SG5058P] on the above-mentioned date & time. While reversing out from the parking lot at the above-mentioned location, a Tower Transit service 854 bus (SMB51M) was also reversing at the same time. BC Ng did not noticed SMB51M where SG5058P's rear left corner bumper, pillar vinyl, tail, signal & reverse light were damaged after colliding against SMB51M's rear right window glass & body panel

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	SMB51M
Vehicle Manufacturer	Mercedes
Vehicle Model	OC500LE1830H
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus

Name of Driver	Tan Kin Soong
Work Permit No	G7689757W
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



