

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 24/11/2022 17:16 (SGT)
Reported by Both
Date of Accident 24/11/2022 11:34 (SGT)
Exact Location of Accident Victoria St & Ophir Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SG5075P

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 Chung Yew Kiong
NRIC No S1201322A
Date Of Birth 04/10/1956
Occupation Outdoor

| | |
|--|--------------------------|
| Date Of Driving Pass | 13/09/1995 |
| Driving experience | 27 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-81009367 |
| Alt. Phone Number | - |
| Email Address | albert.chungyk@gmail.com |
| Address | 141 Tampines Street 12 |
| Address complement | #07-356 |
| Postcode | 520141 |
| 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 |
| 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

Chung Yew Kiong was driving service 12 [SG5075P] on the above-mentioned date & time. While travelling straight on the bus lane at the above-mentioned location, a Honda Jazz [SMK5155S] encroached ahead of SG5075P & side swept against SG5075P's front right corner bumper

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 | SMK5155S |
| Vehicle Manufacturer | Honda |
| Vehicle Model | Jazz |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |

| | |
|---|--------------------------------|
| Name of Driver | Rosselle Anggeli Hernandez Tan |
| NRIC No | S8260711J |
| Contact Number | (Phone) +65-91767802 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |







