

# 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 ..... 14/12/2022 11:30 (SGT)  
Reported by ..... Both  
Date of Accident ..... 14/12/2022 08:39 (SGT)  
Exact Location of Accident ..... Punggol, Aft Punggol Rd, TPE, Singapore  
Additional Location Information ..... TPE/SLE after PIE changi entrance  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SG5069H

### 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 ..... B91t  
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-22099843MFBP

### DRIVER

Name of Driver ..... Mohamed Yusoff Bin Abdullah  
NRIC No ..... S1711814E  
Date Of Birth ..... 16/08/1965  
Occupation ..... Outdoor

Date Of Driving Pass .....	12/09/1989
Driving experience .....	33 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91807427
Alt. Phone Number .....	-
Email Address .....	claimsmatter@go-aheadsingapore.com
Address .....	Blk 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 .....	Raining
Road Surface .....	Wet

#### 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 was travelling along TPE/SLE after PIE changi entrance on lane 2 of 4 lane to start his svc from Punggol int. Pte van suddenly stopped in front of GAS bus due to heavy traffic. BC unable stop in time and hit the rear of pte van. No pax onboard and no injury reported.

GAS bus left side mirror dislodged, front windscreen cracked and lower front body panel damaged. Pte van rear bumper damage and rear right brake light shattered.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	No
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	DIFFERENT FORMAT

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	CB8071X
Vehicle Manufacturer .....	Golden Dragon
Vehicle Model .....	XML6772J18

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
Name of Driver .....	Lee Kah Ping
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

