

## 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 ..... 05/01/2023 16:05 (SGT)  
Reported by ..... Both  
Date of Accident ..... 31/12/2022 13:00 (SGT)  
Exact Location of Accident ..... Samudera Stn Exit A, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SG1840Z

#### 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 ..... A22  
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 ..... 6500

#### INSURANCE COMPANY

Name of Insurance Company ..... MS First Capital Insurance Ltd  
Policy Number / Cover Note Number ..... D-22099843MFBP

#### DRIVER

Name of Driver ..... Khoo Lim Teck  
NRIC No ..... SXXXX789H  
Date Of Birth ..... 09/04/1959  
Occupation ..... Outdoor

Date Of Driving Pass .....	02/05/2003
Driving experience .....	19 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94459635
Alt. Phone Number .....	-
Email Address .....	claimsmatter@go-aheadsingapore.com
Address .....	473B Upper Serangoon Crescent
Address complement .....	#18-331
Postcode .....	532473
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 .....	Side Swipe
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

Khoo Lim Teck was travelling along the left most lane of a 3-lane road along Punggol Way when a Hino lorry [YP5073B] travelling on the adjacent lane encroached into SG1840Z's lane where YP5073B side swept against SG1840Z's front right mirror

#### 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 .....	YP5073B
Vehicle Manufacturer .....	Hino
Vehicle Model .....	XZU710R-HKFMS3
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Commercial vehicle

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

