

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 31/01/2023 13:40 (SGT)
Reported by Both
Date of Accident 24/01/2023 15:25 (SGT)
Exact Location of Accident Near 1 Punggol Pl, Singapore 828844
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBS6501H

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 Mercedes
Model Citaro
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 6400

INSURANCE COMPANY

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

DRIVER

Name of Driver Toh Eng Ann
NRIC No SXXXX327E
Date Of Birth 22/06/1966
Occupation Outdoor

| | |
|--|------------------------------------|
| Date Of Driving Pass | 23/06/1990 |
| Driving experience | 32 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98352638 |
| Alt. Phone Number | - |
| Email Address | claimsmatter@go-aheadsingapore.com |
| Address | 509A Yishun Avenue 4 |
| Address complement | #05-08 |
| Postcode | 761509 |
| 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 - Cross Junction |
| 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

Whilst heading towards 65351 • Punggol View Pr Sch along Punggol PI via the extreme left lane of a 3-lane road along Sentul Cres, the traffic light was green in Toh Eng Ann's favour so he continued. However, a black Mitsubishi Outlander turning right towards Punggol Dr via Punggol PI where the black Mitsubishi Outlander head-on collision with SBS6501H

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 | SLM8328S |
| Vehicle Manufacturer | Mitsubishi |
| Vehicle Model | Outlander |
| Vehicle Variant | - |
| Vehicle Colour | Black |

| | |
|---|----------------------|
| Vehicle Category | Private car |
| Name of Driver | Chua Suzhen |
| NRIC No | SXXXX026E |
| Contact Number | (Phone) +65-98890314 |
| Address | 443 Hougang Ave 8 |
| Address complement | #05-1585 |
| Postcode | 530443 |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

