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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 23/03/2023 16:17 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 22/03/2023 15:41 (SGT) Exact Location of Accident Ang Mo Kio Ave 1 & Bishan Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number SBS6485X

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner Go Ahead Singapore Pte Ltd Company Reg No 201541900C Email Address accidentpreventive@go-aheadsingapore.com Mobile Phone No (Phone) +65-63847169 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

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 - Reporting only 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 Mohamed Izwan Bin Mohamed Ali NRIC No S8412105C Date Of Birth 24/04/1984 Occupation Outdoor

Date Of Driving Pass 06/09/2021 Driving experience 1 YEAR AND 6 MONTHS Gender Mobile Number (Phone) +65-91891791 Alt. Phone Number Email Address accidentpreventive@go-aheadsingapore.com Address 496D Tampines Ave 9 Address complement #03-532 Postcode 520496 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 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) 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

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

Translator's email
Original language used in the statement

CIRCUMSTANCES OF ACCIDENT

BC Mohamed Izwan was driving service 136 [SBS6485X] on the above-mentioned date & time. Whilst waiting stationary before a dark grey Nissan NV200 [GBK3364Z] at the above-mentioned, BC Mohamed Izwan did not engage the handbrake & was seen dozing off where SBS6485X creept forward & rear ended GBK3364Z

ATTACHMENT(S)

Are accident photos available for attachment?

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 NumberGBK3364ZVehicle ManufacturerNissanVehicle ModelNv200Vehicle Variant-Vehicle ColourGray

Vehicle Category	Commercial vehicle
Name of Driver	Khan Rubel
Work Permit No	G7111439U
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_





