

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	05/04/2023 12:16 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/04/2023 06:46 (SGT)
Exact Location of Accident	Neil Rd & Spottiswoode Park Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS3439A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	Go Ahead Singapore Pte Ltd
Company Reg No	2XXXXX900C
Email Address	accidentpreventive@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 - Claiming third party
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	Ou Denglu
Work Permit No	GXXXX844P
Date Of Birth	07/03/1979
Occupation	Outdoor

Date Of Driving Pass	18/09/2017
Driving experience	5 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88981803
Alt. Phone Number	-
Email Address	accidentpreventive@go-aheadsingapore.com
Address	417 Pasir Ris Drive 6
Address complement	#11-319
Postcode	510417
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	Hit and run / Vandalism / Damaged whilst parked
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

Ou Denglu was driving SBS3439A towards 10499 • Kampong Bahru Ter along Spooner Rd via the above-mentioned location when a silver Lexus ES250 [SMQ2387C] that was heading towards Hospital Dr reversed onto SBS3439A & fled the scene without exchanging particulars

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	SMQ2387C
Vehicle Manufacturer	Lexus
Vehicle Model	Es250
Vehicle Variant	-
Vehicle Colour	Gray

Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

