

## 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 .....              | 25/04/2023 16:03 (SGT)                       |
| Reported by .....                     | Both Policyholder and Actual Driver          |
| Date of Accident .....                | 25/04/2023 10:26 (SGT)                       |
| Exact Location of Accident .....      | Buangkok Green & Hougang Avenue 4, Singapore |
| Additional Location Information ..... | -  |
| Country/State of Loss .....           | Singapore                                    |

### DETAILS OF OWN VEHICLE

|                                   |         |
|-----------------------------------|---------|
| Vehicle Registration Number ..... | SG5910D |
|-----------------------------------|---------|

#### 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 .....   | Man                       |
| Model .....  | A95                       |
| 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 .....   | 9500                      |

#### INSURANCE COMPANY

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

#### DRIVER

|                      |                           |
|----------------------|---------------------------|
| Name of Driver ..... | Muniasperan S/O Veerappan |
| NRIC No .....        | SXXXX563I                 |
| Date Of Birth .....  | 01/03/1961                |
| Occupation .....     | Outdoor                   |

|  |  |
|--|--|
| Date Of Driving Pass .....   | 19/07/1990                               |
| Driving experience .....   | 32 YEARS AND 9 MONTHS                    |
| Gender .....   | Male                                     |
| Mobile Number .....  | (Phone) +65-81273943                     |
| Alt. Phone Number .....  | -  |
| Email Address .....  | accidentpreventive@go-aheadsingapore.com |
| Address .....  | 643 Ang Mo Kio Avenue 5                  |
| Address complement .....   | #02-3011                                 |
| Postcode .....   | 560643                                   |
| 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 ..... | 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? .....  | Yes |
| Was any injured conveyed to hospital by ambulance? .....  | Yes |
| 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 toward the above-mentioned location via the extreme left lane of a 5-lane road along Buangkok Green, the traffic light was still green so Muniasperan S/O Veerappan continued to proceed. However, before he could cleared the signalized junction, a white Kia Cerato Forte Koup [SJZ1024U] on the opposite side of Buangkok Green turn right before the right-turn green light arrow appear where SJZ1024U's both front & rear left fender & door were damaged after colliding onto the front bumper front door & h/lamp of SG5910D

#### ATTACHMENT(S)

|   |                  |
|---|------------------|
| Are accident photos available for attachment? .....     | Yes              |
| 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 ..... | SJZ1024U |
| Vehicle Manufacturer .....        | Kia      |
| Vehicle Model .....               | Cerato   |
| Vehicle Variant .....             | -        |

|   |              |
|---|--------------|
| Vehicle Colour .....                          | White        |
| Vehicle Category .....                        | Private car  |
| Name of Driver .....                          | Ng Sui Siong |
| NRIC No .....                                 | SXXXX444D    |
| Contact Number .....                          | -            |
| Address .....                                 | -            |
| Address complement .....                      | -            |
| Postcode .....                                | -            |
| Insurance Company Name .....                  | -            |
| Nature Of Damage .....                        | -            |
| Details of property damaged in accident ..... | -            |
| No. Of Passenger (Including Driver) .....     | -            |

## INJURED PERSONS DETAILS

### INJURED 1

|   |  |
|---|--|
| Name of injured person .....                              | Azizah Binpeisnen                        |
| Gender .....  | Female                                   |
| Phone No .....  | (Phone) +65-97206891                     |
| Address .....   | -  |
| Address Complement .....                                  | -  |
| Post Code .....   | -  |
| Approximate Age Years Old .....                           | 66                                       |
| Injuries Sustained .....                                  | injuries on her chest area and left knee |
| Injured person in which vehicle? .....                    | SG5910D                                  |
| Were seat belts worn? .....                               | No                                       |
| Was this injured conveyed to hospital by ambulance? ..... | Yes                                      |

### INJURED 2

|   |                                      |
|---|--------------------------------------|
| Name of injured person .....                              | Lim Hui Ching                        |
| Gender .....  | Female                               |
| Phone No .....  | (Phone) +65-82993884                 |
| Address .....   | -                                    |
| Address Complement .....                                  | -                                    |
| Post Code .....   | -                                    |
| Approximate Age Years Old .....                           | 60                                   |
| Injuries Sustained .....                                  | injuries on both legs and both hands |
| Injured person in which vehicle? .....                    | SG5910D                              |
| Were seat belts worn? .....                               | No                                   |
| Was this injured conveyed to hospital by ambulance? ..... | Yes                                  |

### INJURED 3

|   |   |
|---|---|
| Name of injured person .....                              | Zheng Shu Ping                          |
| Gender .....  | Female                                  |
| Phone No .....  | (Phone) +65-93792589                    |
| Address .....   | -                                       |
| Address Complement .....                                  | -                                       |
| Post Code .....   | -                                       |
| Approximate Age Years Old .....                           | 40                                      |
| Injuries Sustained .....                                  | injuries on both shoulders and left leg |
| Injured person in which vehicle? .....                    | SG5910D                                 |
| Were seat belts worn? .....                               | No                                      |
| Was this injured conveyed to hospital by ambulance? ..... | Yes                                     |

### INJURED 4

|  |                       |
|--|-----------------------|
| Name of injured person .....           | Siow Chong How        |
| Gender .....                           | Male                  |
| Phone No .....                         | (Phone) +65-96387650  |
| Address .....                          | -                     |
| Address Complement .....               | -                     |
| Post Code .....                        | -                     |
| Approximate Age Years Old .....        | 40                    |
| Injuries Sustained .....               | bruises on right hand |
| Injured person in which vehicle? ..... | SG5910D               |
| Were seat belts worn? .....            | No                    |

Was this injured conveyed to hospital by ambulance? .....

Yes

INJURED 5

Name of injured person .....

Alvi Damayani

Gender .....

Female

Phone No .....

(Phone) +65-96792719

Address .....

-

Address Complement .....

-

Post Code .....

-

Approximate Age Years Old .....

50

Injuries Sustained .....

injuries on the neck, nose and left hand.

Injured person in which vehicle? .....

SG5910D

Were seat belts worn? .....

No

Was this injured conveyed to hospital by ambulance? .....

Yes

INJURED 6

Name of injured person .....

Ong Kwee Yong

Gender .....

Male

Phone No .....

(Phone) +65-97577669

Address .....

-

Address Complement .....

-

Post Code .....

-

Approximate Age Years Old .....

80

Injuries Sustained .....

-

Injured person in which vehicle? .....

SG5910D

Were seat belts worn? .....

No

Was this injured conveyed to hospital by ambulance? .....

Yes

INJURED 7

Name of injured person .....

Kwek Peck Hong

Gender .....

Female

Phone No .....

(Phone) +65-92386179

Address .....

-

Address Complement .....

-

Post Code .....

-

Approximate Age Years Old .....

70

Injuries Sustained .....

right arm and left leg bruises.

Injured person in which vehicle? .....

SG5910D

Were seat belts worn? .....

No

Was this injured conveyed to hospital by ambulance? .....

Yes



