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 15/05/2023 14:27 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 13/05/2023 13:25 (SGT) Exact Location of Accident Blk 637, Singapore Additional Location Information Eunos Lk Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBS6516R

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 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 Aaron Ang NRIC No SXXXX431H Date Of Birth 25/04/1986 Occupation Outdoor

Date Of Driving Pass 07/03/2016 Driving experience 7 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-88333027 Alt. Phone Number Email Address balthazaar2@gmail.com Address 414 Bedok North Avenue 2 Address complement #10-111 Postcode 460414 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 - Change/cross lane Weather Conditions Clear Road Surface Dry 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 Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT

Aaron Ang was heading straight towards 72019 • Opp Blk 322 along Jln Eunos via the middle of a 5-lane road along Eunos Lk when a silver Toyota Prius [SMX2602U] travelling on the adjacent lane tried to ahead of SBS6516R where SMX2602U's front right fender sideswipe against SBS6516R's front left corner & lower bumper

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Persons for not upleading a video of the accident.

Reasons for not uploading a video of the accident DIFFERENT FORMAT

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration NumberSMX2602UVehicle ManufacturerToyotaVehicle ModelPriusVehicle Variant-Vehicle ColourGray

Vehicle Category Name of Driver NRIC No	Private hire Lim Meng Sing SXXXX872B
Contact Number	(Phone) +65-97499491
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

