

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	27/05/2023 18:08 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/05/2023 16:32 (SGT)
Exact Location of Accident	Aft Changi Airport PTB2, Singapore
Additional Location Information	Airport Blvd 95019 •
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS6465D
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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	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 - 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	Tan Kah Chuan
NRIC No	S1347616J
Date Of Birth	22/06/1959
Occupation	Outdoor

Date Of Driving Pass	08/04/1981
Driving experience	42 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96432438
Alt. Phone Number	-
Email Address	accidentpreventive@go-aheadsingapore.com
Address	363 Tampines Street 34
Address complement	#06-359
Postcode	520363
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	Collided into Parked Vehicle
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

After alighting /boarding passengers at the above-mentioned location, BC Tan Kah Chuan noticed a TTS service 858 bus [SMB1334R] was still alighting /boarding passengers ahead so BC Tan Kah Chuan tried to overtake from the right. However, BC Tan Kah Chuan mis-judged where SBS6465D's rear door collided onto SMB1334R's rear left bumper.

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	SMB1334R
Vehicle Manufacturer	Man
Vehicle Model	MAN NL320F (A22)
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Bus
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)	-



