

## 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 .....	21/07/2023 13:12 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	20/07/2023 06:56 (SGT)
Exact Location of Accident .....	Ang Mo Kio Ave 3 & Ang Mo Kio Ave 8, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SBS6479P
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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 .....	Cheah Hon Kit
Work Permit No .....	M3133750R
Date Of Birth .....	05/07/1989
Occupation .....	Outdoor

Date Of Driving Pass .....	22/12/2022
Driving experience .....	7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-85459159
Alt. Phone Number .....	-
Email Address .....	accidentpreventive@go-aheadsingapore.com
Address .....	526 Bedok North Street 3
Address complement .....	#04-468
Postcode .....	460526
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 .....	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

BC Cheah was driving service 136 [SBS6479P] on the above-mentioned date & time. Whilst heading towards 54248 • Blk 324 along Ang Mo Kio Ave 3 via the extreme right-turn only lane of a 5-lane road along Ang Mo Kio Ave 8 when SBS6479P's front right center panel graze against the front right mirror of a Subaru Forester [SLK5214S] on the adjacent lane

#### 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 .....	SLK5214S
Vehicle Manufacturer .....	Subaru
Vehicle Model .....	Forester
Vehicle Variant .....	-
Vehicle Colour .....	-

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) .....	-

