

## 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 First Submission .....	31/07/2023 14:26 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	30/07/2023 08:49 (SGT)
Exact Location of Accident .....	Elias Rd & Pasir Ris Dr 1, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SBS6554E
-----------------------------------	----------

#### 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 .....	Hiew Meng Kwan
NRIC No .....	S2704050J
Date Of Birth .....	24/02/1967
Occupation .....	Outdoor

Date Of Driving Pass .....	20/08/1996
Driving experience .....	26 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97818753
Alt. Phone Number .....	-
Email Address .....	mkhiew67@gmail.com
Address .....	753 Pasir Ris Street 71
Address complement .....	#08-116
Postcode .....	510753
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 .....	Side Swipe
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

Whilst heading towards 78049 • Blk 612 along Pasir Ris Dr 1 via the extreme right lane of a 3-lane road along Elias Rd, SBS6554E side swept against the front right mirror of a stationary blue VW Golf [SLS1440P] 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 .....	SLS1440P
Vehicle Manufacturer .....	Volkswagen
Vehicle Model .....	Golf
Vehicle Variant .....	-
Vehicle Colour .....	Blue
Vehicle Category .....	Private car

Name of Driver .....	Chia Ming Wei
NRIC No .....	S8844722J
Contact Number .....	(Phone) +65-94776364
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

