

## 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 .....	20/09/2024 16:44 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	19/09/2024 19:55 (SGT)
Exact Location of Accident .....	Jurong West Ave 1, Singapore
Additional Location Information .....	BS 28511 JURONG WEST AVE 1
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SBS6356K
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	TOWER TRANSIT SINGAPORE PTE LTD
Company Reg No .....	2XXXXX417K
Email Address .....	feedback@towertransit.sg
Mobile Phone No .....	(Phone) +65-18002480950
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	Citaro
Variant .....	SINGLE DECKER
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 .....	10000
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	MS First Capital Insurance Ltd
Policy Number / Cover Note Number .....	D-24102356MFBP

#### DRIVER

Name of Driver .....	ABDUL AZIZ BIN MOHD AMIN
NRIC No .....	SXXXX020C
Date Of Birth .....	05/10/1974
Occupation .....	Outdoor
Driving Pass Date .....	13/05/2016
Driving License Pass Class .....	ODVL
Driving License Validity .....	Valid
Driving experience .....	8 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-18002480950
Alt. Phone Number .....	-
Email Address .....	feedback@towertransit.sg
Address .....	C/O: 21 BULIM DRIVE
Address complement .....	BULIM BUS DEPOT
Postcode .....	648170
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 - Head to Rear
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

#### REFER TO ATTACHED

#### 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 .....	FILE TOO LARGE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SBS6102B
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Vehicle Manufacturer .....	-
Vehicle Model .....	-
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) .....	-



## Statement Form

Employee Name:	Abdul Aziz Bin Mohd Amin	Date Taken:	19 Sept 2024
Employee ID:	10891	Time Taken:	2029hrs
Date of Incident:	19 Sept 2024	Service No:	334
Time of Incident:	1955hrs	Duty No:	334S02
Bus Reg No:	SBS 6356K		
Nature of Incident:	Accident with SMRT bus Svc 502 (SBS 6102R) @ stop no 28511.		

## Details:

On the 19 Sept 2024 at around 1955hrs, I was driving bus service 334, bearing the said VRN.

While I was assisting wheelchair pax boarding activity at bus stop no. 28511, after the boarding activity, I went back into my bus driving cabin. I then heard a loud bang from the rear of the bus.

Subsequently, I went to make a check on the 8 pax onboard. I then contacted to BOCC on the accident.

Question: Usage of 360 camera onboard bus during the accident? Yes / No

\*I confirmed that the above statement given by me is correct to the best of my knowledge.

Abdul Aziz Bin Mohd  
Amin  
BC 10891

Employee Name & No.

  
Signature

19 Sept 2023 @ hrs

Date & Time

Statement Taken Conducted By:

Jonathan

Name

Interchange Supervisor

Designation

## SKETCH PLAN

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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.
8. Consent under the Personal Data Protection Act (PDPA)  
I understand, acknowledge, agree and consent that:  
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:  
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;  
(ii) investigating the accident and/or my claims;  
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;  
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or  
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.  
(collectively the "Purposes")  
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and  
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date &amp; Time

Driver's Signature (if driver is not the policyholder) / Date &amp; Time

Witnessed by/Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan