

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	10/06/2024 16:24 (SGT)
Reported by	Actual Driver
Date of Accident	08/06/2024 06:38 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	ALONG TPE TWDS CHANGI AIRPORT AFT TPE EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SG6136R

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	Man
Model	A95
Variant	DOUBLE 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?	Yes
Vehicle Category	Bus
Transmission	Auto
CC	10000

INSURANCE COMPANY

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

DRIVER

Name of Driver	WONG KIM THYE
NRIC No	SXXXX059E
Date Of Birth	20/05/1966
Occupation	Outdoor

Driving Pass Date	30/04/2019
Driving experience	5 YEARS AND 2 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 - Major/Minor Rd
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
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?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP3412U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Goods vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Mr Xu Wei
Gender	Male
Phone No	(Phone) +65-84143560
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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 & Time

14248
Wong Kin Thye

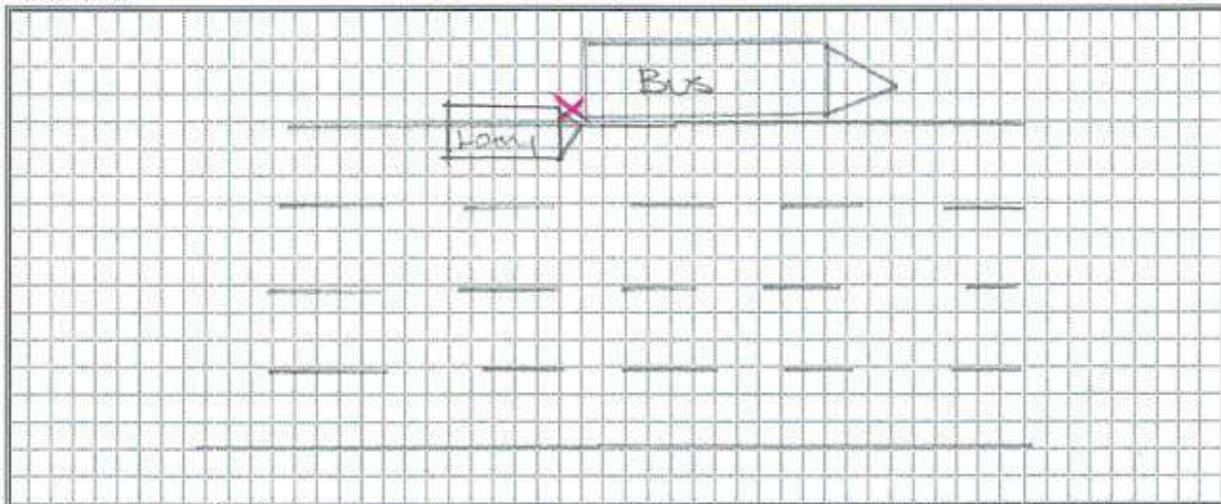
Driver's Signature (if driver is not the policyholder) / Date & Time



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



Sketch Plan



Describe Circumstance of the Accident

Lined area for describing the accident circumstances.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]
14248
Wong Kim Thye

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



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



Statement Form

Employee Name	Wong Kim Thye	Employee ID	14248
Designation	Bus Captain	Date Taken	08/06/2024
Service No	969	Time Taken	1330hrs
Bus Registration No	SG6136R	Date of Incident	08/06/2024
Duty Number	969A09	Time of Incident	0638hrs
Nature of Incident	Lorry hit rear of my bus		

Details:

I BC 14248 (Wong Kim Thye) On mentioned date and time I was on duty 969A09 and drive SG6136R.

As my bus was stationary at along TPE expressway shoulder due to bus engine stalled, Suddenly I heard a loud sound and found out that a lorry YP3412U had collided into the right rear side of my bus. No passenger onboard the bus.

Ambulance was activated by OCC.

I tripped and mouth bleeding.

The lorry driver sustained left hand fractured.

Bus SG6136R is installed with 360-degree camera operation as normal.

Due to the impact the bus moved to the left and hit onto tree branches by the road side.

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

<p><u>Wong Kim Thye</u></p> <p>Employee Name and ID</p>	<p><u>[Signature]</u></p> <p>Signature</p>	<p><u>08/06/24, 1330</u></p> <p>Date & Time</p>
Statement Taken By:		
<p><u>Yasan 13920</u></p> <p>Employee Name and ID</p>	<p><u>[Signature]</u></p> <p>Signature</p>	<p>Interchange Supervisor</p> <hr style="border: 0; border-top: 1px solid black;"/> <p>Designation</p>


**SINGAPORE
POLICE FORCE**


T/20240608/2031

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20240608/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/06/2024 12:00	Vide Report No.:	Station Diary No.: 57
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Informant's Particulars			
Name of Informant: WONG KIM THYE		Address: 896A WOODLANDS DRIVE 50 #07-70 SINGAPORE 730896	
ID Type / ID No.: NRIC NO / S2706059E		Contact No.: Home/Office: Mobile: 90379993	
Nationality:		Email:	
Sex: Male	Age: 58	Date of Birth: 20/05/1966	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: BUS CAPTAIN		Driving Licence Information: Class: 2B,3,4A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/06/2024 06:00	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SG6136R	Bus/Coach/Mi nibus	MAN	A95	Multi-Colored	Seriously Damaged	1
YP3412U	Lorry	MITSUBISHI	CANTER FEB21CR3S DEB	White	Totally Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
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T/20240608/2031

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31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

2 of 3

Report No. T/20240608/2031

CONTINUATION OF REPORT

Driver			
Name	WONG KIM THYE		ID No. S2706059E
Related Vehicle	SG6136R (Bus/Coach/Minibus)		Contact No. 90379993
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Class: 2B,3,4A Date of Expiry: NIL
Date Treatment	08/06/2024	Date Discharge	08/06/2024
No. of Days granted Medical Leave	14	Degree of	NIL

Brief Details.

On the above-mentioned date, time and location I was driving my vehicle bus when another vehicle lorry hit on to me vehicle causing major damages and injured. Police and ambulance were at the scene. I was conveyed to hospital via ambulance. I was seen by doctor and was discharged with 14 days of mc with medication. No government properties damaged.



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POLICE FORCE**



T/20240608/2031

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20240608/2031

CONTINUATION OF REPORT

Signature of Officer Recording The L / SGT 1 MOHAMAD ASHRUF KHAN S/O MOHAMED AKHBAR KHAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/06/2024 12:00
Officer In Charge Of Case: TP / GIT / SR STAFF SGT MUHAMMAD AZHAR BIN ANUAR Contact No.: 96191462	Classification Of Case:

NP168