

# 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 .....	27/09/2024 16:54 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	27/09/2024 11:35 (SGT)
Exact Location of Accident .....	Aft The Springside, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMB3161J
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SBS TRANSIT LTD
Company Reg No .....	1XXXXXXXXXXTE01
Email Address .....	norlelabay@sbstransit.com.sg
Mobile Phone No .....	(Phone) +65-63754198
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Man
Model .....	A22 EU5
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 - Claiming third party
Vehicle Category .....	Bus
Transmission .....	Auto
CC .....	10518
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-24102280MFBP

### DRIVER

Name of Driver .....	Tan Chu Hui
Work Permit No .....	GXXXX459K
Date Of Birth .....	16/10/1993
Occupation .....	Outdoor
Driving Pass Date .....	15/08/2017
Driving License Pass Class .....	4A
Driving License Validity .....	Valid
Driving experience .....	7 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-63754198
Alt. Phone Number .....	-
Email Address .....	norlelabay@sbstransit.com.sg
Address .....	3, Yio Chu Kang Cres, Seletar Depot
Address complement .....	-
Postcode .....	-
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	20
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 .....	-

#### PASSENGER 1

Name .....	Unknown
Gender .....	Male

#### PASSENGER 2

Name .....	Unknown
Gender .....	Female

#### PASSENGER 3

Name .....	Unknown
Gender .....	Male

#### PASSENGER 4

Name .....	Unknown
Gender .....	Female

#### PASSENGER 5

Name .....	Unknown
Gender .....	Male

#### PASSENGER 6



Name ..... Unknown  
Gender ..... Female

PASSENGER 7

Name ..... Unknown  
Gender ..... Male

#### 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

According to BC, bus was stationary conducting passenger activities when military truck collided into the bus from the right. Bus rear right signal light and rear right bumper damaged, rear right window panel cracked and rear windscreen shattered.

#### 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 ..... Confidential.

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... 21812MID  
Vehicle Manufacturer ..... Man  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Government  
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

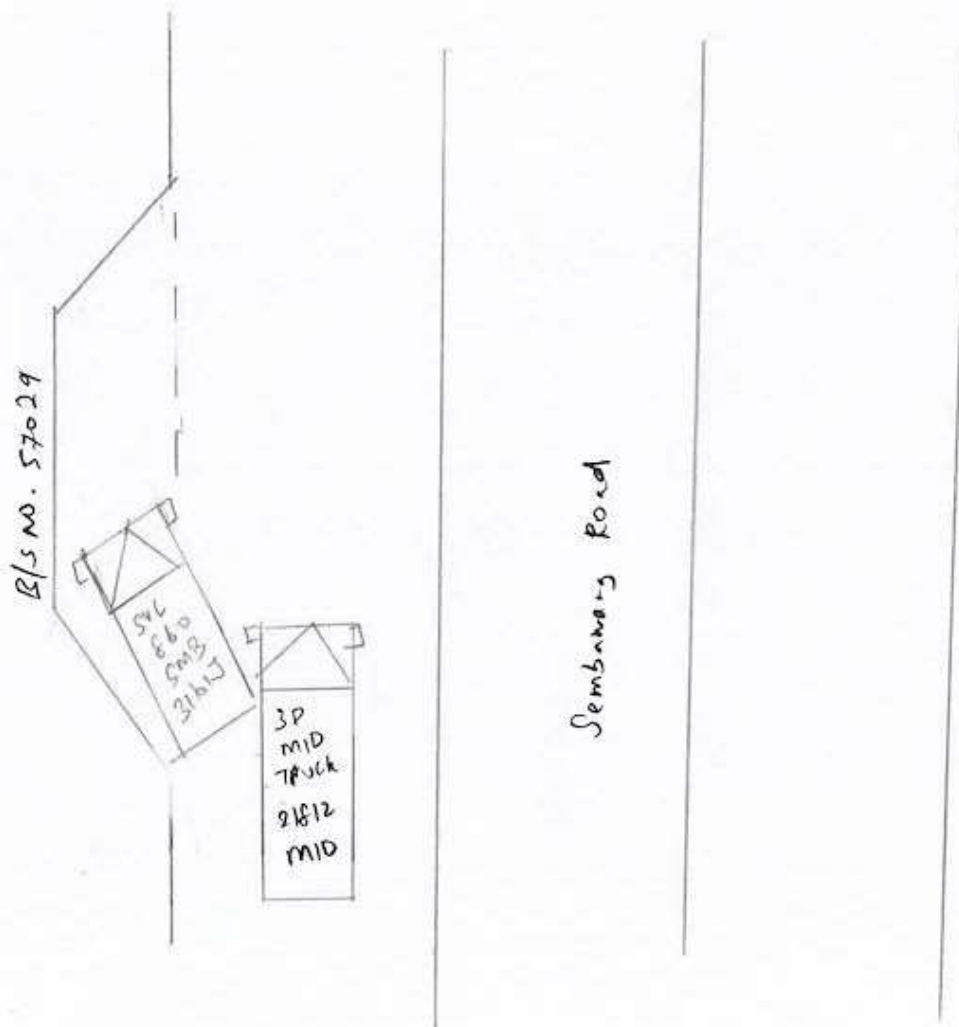
INJURED 1

Name of injured person ..... Lee Zi Qi  
Gender ..... Male  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... 18  
Injuries Sustained ..... Unknown  
Injured person in which vehicle? ..... 21812MID  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No



### SKETCH PLAN

BC NUMBER: 79368 SVC NUMBER: 860 BUS PLATE NUMBER: SM8 3161J DATE OF ACCIDENT: 27/9/2024 TIME OF ACCIDENT: 11:35 am	For DSO  AR NUMBER: AR-2024-5319 FMP NUMBER:
BC SIGNATURE: 	



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**8. Consent under the Personal Data Protection Act (PDPA)**

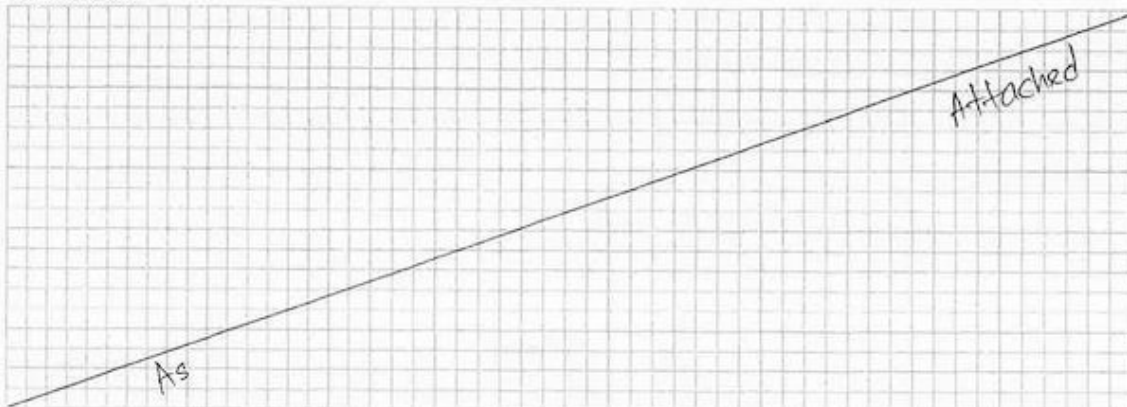
I understand, acknowledge, agree and consent that:

- (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

A 27/9/24  
Driver's Signature (if driver is not the policyholder) / Date & Time

NORLELA A. Y  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

Describe Circumstances of the Accident

Attached

Det

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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel