

## 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 .....	09/12/2024 11:11 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	08/12/2024 12:30 (SGT)
Exact Location of Accident .....	Upper Thomson Rd, Singapore
Additional Location Information .....	BS 53029 UPP THOMSON RD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMB1361L
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	TOWER TRANSIT SINGAPORE PTE LTD
Company Reg No .....	201419417K
Email Address .....	feedback@towertransit.sg
Mobile Phone No .....	(Phone) +65-18002480950
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Man
Model .....	A22
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 - Reporting only
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 .....	FITRI BIN MOHAMED
NRIC No .....	S1789497H
Date Of Birth .....	15/01/1967
Occupation .....	Outdoor
Driving Pass Date .....	30/05/2016
Driving License Pass Class .....	4A
Driving License Validity .....	Valid
Driving experience .....	8 YEARS AND 7 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? .....	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 .....	Sembawang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005549999
Police Station Address .....	4 Sembawang Crescent Singapore 757633
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

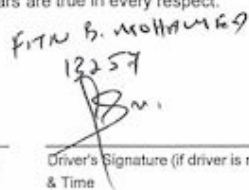
Vehicle Registration Number .....	SBS5062P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	-
Gender .....	Female
Phone No .....	-
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

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





## Statement Form

Employee Name	Fitri Bin Mohamed	Employee ID	13257
Designation	Bus Captain	Date Taken	08/12/2024
Service No	980	Time Taken	1530hrs
Bus Registration No	SMB1361L	Date of Incident	08/12/2024
Duty Number	980T01	Time of Incident	1230hrs
Nature of Incident	Rear ended into SBST bus		

## Details:

I, BC13257 was driving SMB1361L on abovementioned date and time.

As I was slowing down preparing to enter B/S 53029 (Upp Thomson Rd), due to accidentally stepped onto wrong pedal and accelerated instead, my bus left front type mounted road kerb and hit bus stop bollard and rear ended into stationary SBS bus service 166, there was 5 pax injured from TTS bus and 7 pax injured from SBS and 1 SBST drive injured. Ambulance was activated by BOCC.

20 passengers onboard my bus at time of accident

TTS bus – SMB1361L sustained front windscreen shattered, front bumper damaged.

SBST bus – SBS5062P sustained rear windscreen shattered, left rear bumper damaged, left rear window glass panel cracked.

My bus was installed with a 360-degree camera and its was operational.

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

<u>Fitri B. MOHAMED 13257</u> Employee Name and ID	 Signature	<u>8/12/24 1530</u> Date & Time
<b>Statement Taken By:</b>		
<u>Vasim 13920</u> Employee Name and ID	 Signature	Interchange Supervisor Designation

**SKETCH PLAN****IMPORTANT NOTICE**

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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.



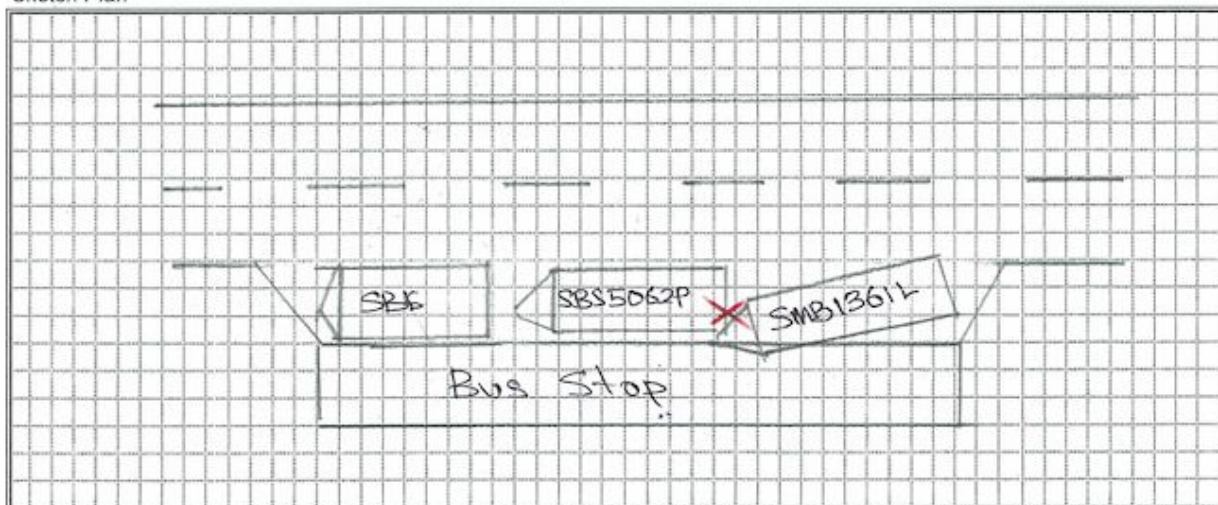
Policyholder's Signature / Date & Time

FIR B. MOHAMMED  
13257  
[Signature]

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



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

**Sketch Plan**








































**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999



T/20241208/2048

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Report No. T/20241208/2048

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
08/12/2024 17:53

Vide Report No.:  
E/20241208/0073

Station Diary No.:  
31

**Informant's Particulars**

Name of Informant: FITRI BIN MOHAMED Address: 865 WOODLANDS STREET 83 #11-307 SINGAPORE 730865

ID Type / ID No.:  
NRIC NO / S1789497H

Contact No.:  
Home/Office: Mobile: 90501456

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Male Age: 57 Date of Birth: 15/01/1967

Type of Informant:  
Driver

Race:  
Boyanesse

Language:

Occupation:  
Bus driver

Driving Licence Information:  
Class: 2B,2A,3,4A Date of Expiry:

**General Information of the Accident**

Type of  
Accident:

Injury  
Attended by Police

Drink  
Drive:  
No

Date/Time of  
Accident:  
08/12/2024 12:30

Type of Location:  
Bend

Location:

UPPER THOMSON ROAD

Weather:  
Clear

Road Surface:  
Oily

Traffic Flow:  
One Way

Traffic Control:  
Not Controlled

Traffic Volume:  
Light

Type of Collision:  
Moving Vehicle Against - Road Divider/Kerb/Railings

Anyone conveyed by  
ambulance:  
Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SBS5062P	Bus (Passenger)				Seriously Damaged	0
SMB1361L	Bus (Passenger)				Seriously Damaged	20



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999



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Report No. T/20241208/2048

CONTINUATION OF REPORT

Signature of Officer Recording The  
L /  
SR STAFF SGT TUTIK HUMAIRA  
BINTE MOHAMED TAHIR

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SR STAFF SGT MUHAMMAD GHAZALI BIN  
ABDUL RAZAK  
Contact No.: 65476367

Signature Of Informant:

Date/Time:  
08/12/2024 17:53

Classification Of Case:

NP168

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999



T/20241208/2048

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Report No. T/20241208/2048

**CONTINUATION OF REPORT****Brief Details.**

On 08/12/2024 at approximately 1230hrs, I was driving, SMB1361L, bus service number 980 along Upper Thomson Road. At this point I have about 20 passengers on board the bus.

I was slowing down in preparation to enter bus stop 53029(Shunfu Est). However, I accidentally stepped onto the wrong pedal and accelerated instead. As a result, my bus left front wheel mounted the road kerb and hit the bus stop bollard and rear ended into a stationary bus, SBS Service 166, SBS5062P that was in front of me.

In total 5 pax were injured from my bus and 8 pax were injured from the involved bus including the driver.

**Damaged sustained:**

SMB1361L: Front windscreen shattered and front bumper damaged  
SBS5062P: Rear windscreen shattered, left rear bumper damaged, left rear window glass panel cracked.

I have a 360 degree camera located at the front of the bus.