

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	08/06/2024 00:08 (SGT)
Reported by	Actual Driver
Date of Accident	06/06/2024 13:50 (SGT)
Exact Location of Accident	Jln Besar & Ophir Rd, Singapore
Additional Location Information	JUNCT OF JALAN BESAR AND OPHIR RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG5952H
-----------------------------------	---------

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	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	LIM YONG SENG
NRIC No	S7418856G
Date Of Birth	17/06/1974
Occupation	Outdoor

Driving Pass Date	16/01/2007
Driving experience	17 YEARS AND 5 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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
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	XD7481T
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	-
Gender	Male
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

SKETCH PLAN**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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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. The 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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



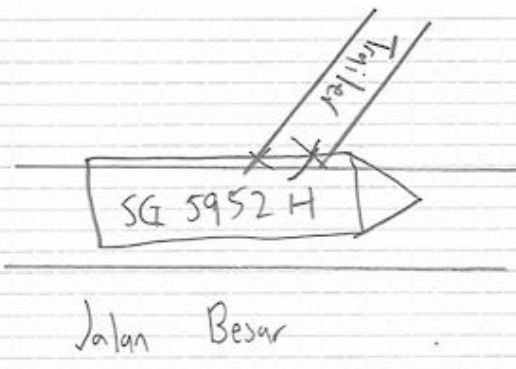
Policyholder's Signature / Date & Time

h 7/6/24 1140

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



Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

Please refer to BC statement

Declaration

I/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



Statement Form

Employee Name	Lim Yong Seng (Lin Yongsheng)	Employee ID	13464
Designation	Bus Captain	Date Taken	07/06/2024
Service No	857	Time Taken	1100hrs
Bus Registration No	SG5952H	Date of Incident	06/06/2024
Duty Number	857A03	Time of Incident	1350hrs
Nature of Incident	Accident with trailer		

Details:

I, BC13464 Lim Yong Seng, was driving SG5952H at the abovementioned time and location.

I was travelling along Jalan Besar heading towards Bencoolen St. I was travelling on the second lane when I noticed that there was a trailer on my left hand side. As I proceeded to pass the trailer, I heard that there was a huge sound from my left side and noticed that the steel bars at the back of the trailer had impacted my bus. I then stopped the bus and called BOCC for assistance.



I had about 20 passengers onboard at the time of the incident. There were 4 injuries on my bus and 1 injury involving pedestrian.

Pax details:

40+ Female Chinese both leg bleeding and both legs fracture conveyed to raffles hospital at 1423hrs
 70+ Male Chinese Head bleeding conveyed to raffles hospital at 1429hrs
 40+ Male Chinese body pain and abrasion conveyed to raffles hospital at 1431hrs.
 77 Male Chinese sustained laceration to left shin and conveyed to raffles hospital.
 Pedestrian 40+ Male Indian sustained body pain conveyed to raffles hospital at 1431hrs.
 Bus front windscreen cracked, left side body damage, left side window cracked and both doors damage.
 Police report number: A/20240606/0062

My bus is equipped with 360-degree camera and was in operation at the time of the incident.

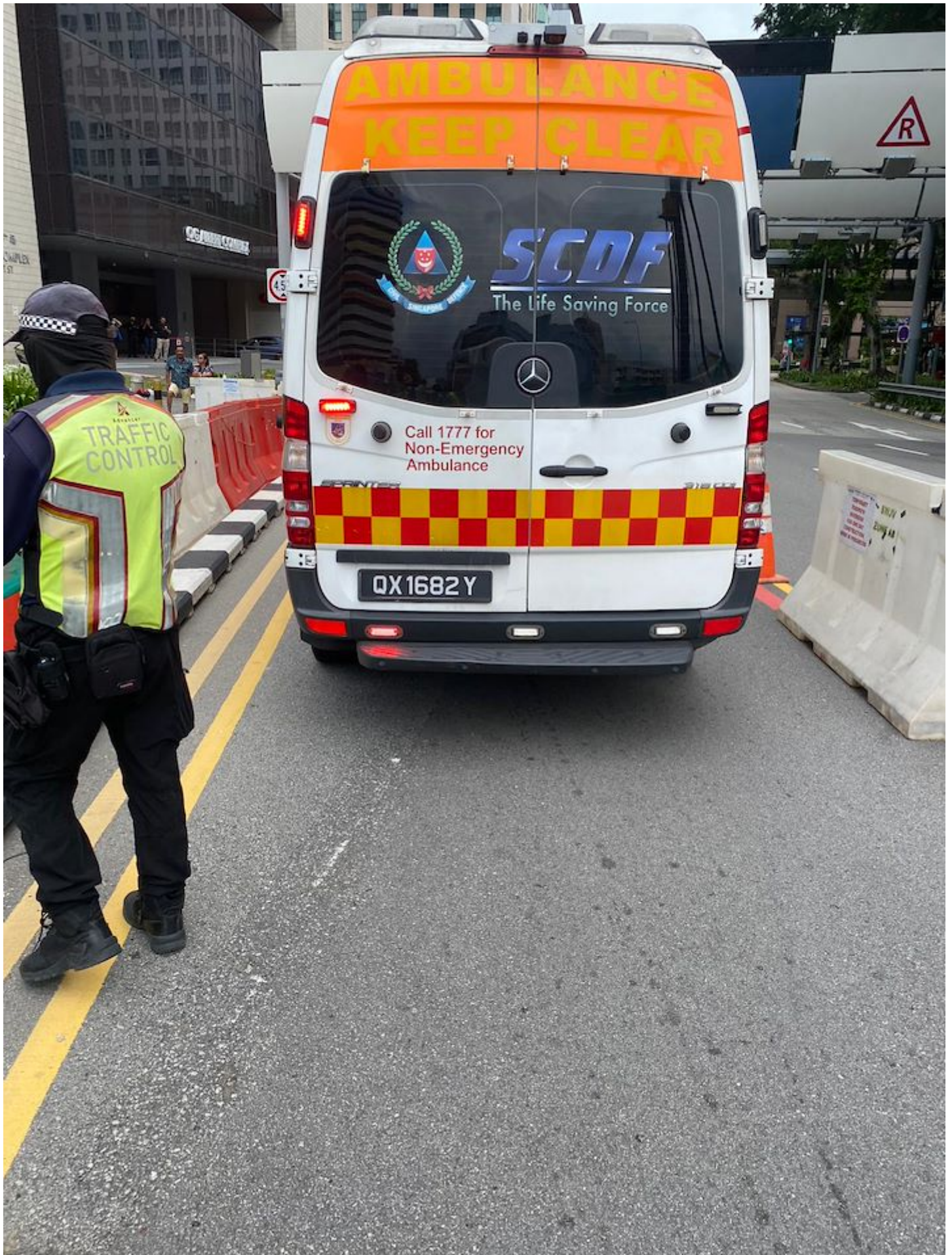
***I confirmed that the above statement given by me is correct to the best of my knowledge.**

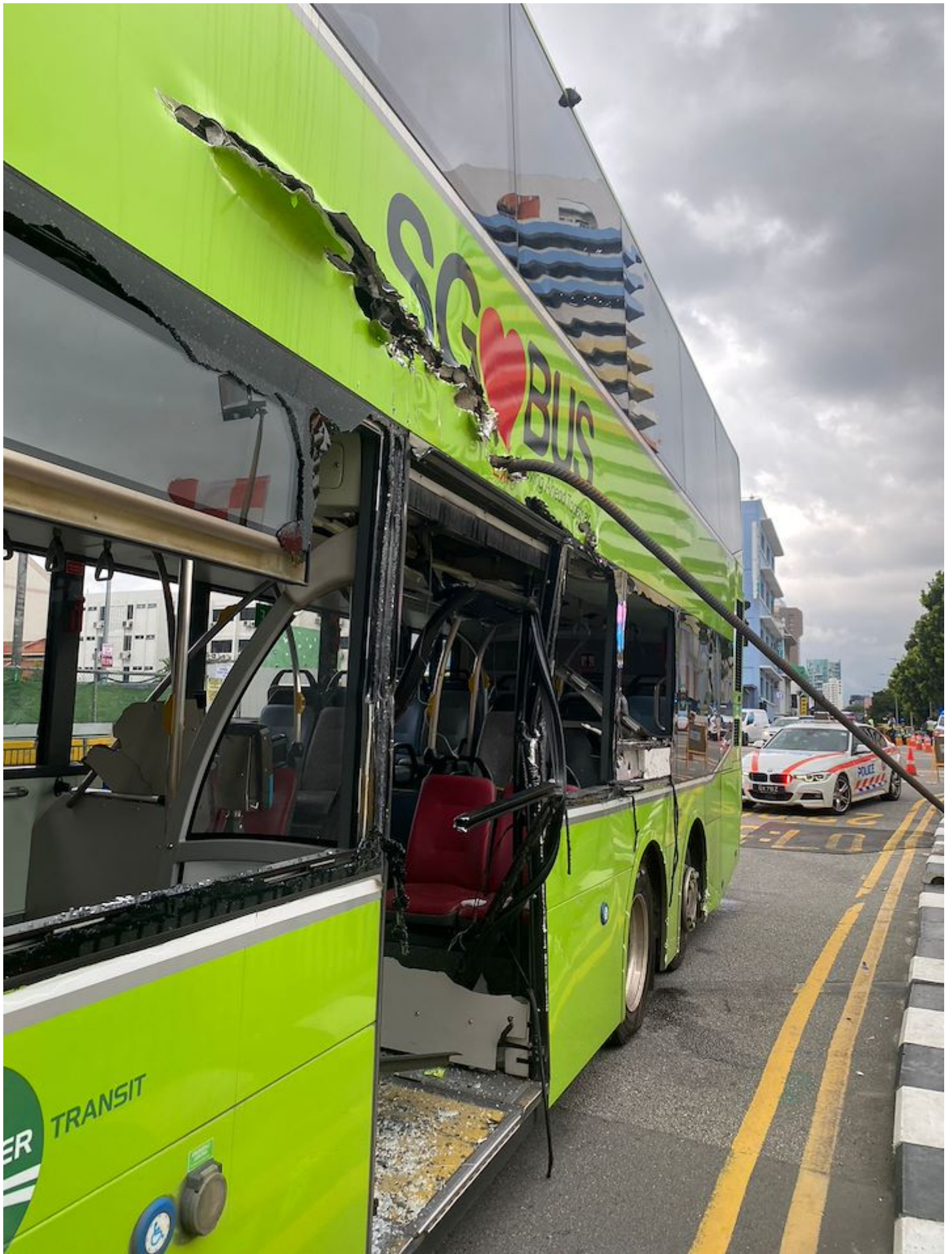
13464 Lim Yong Seng		07/06/2024 1100hrs
Employee Name and ID	Signature	Date & Time
<u>Statement Taken By:</u>		
Oh Ce Xun (Andy) 14393		Interchange Supervisor
Employee Name and ID	Signature	Designation

Page 1 of 1























**SINGAPORE
POLICE FORCE**



T/20240606/7119

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20240606/7119

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/06/2024 22:13		Vide Report No.: A/20240606/0062		Station Diary No.:
Informant's Particulars				
Name of Informant: LIM YONG SENG		Address: 212C COMPASSVALE DRIVE #03-105 SINGAPORE 543212		
ID Type / ID No.: NRIC NO / S7418856G		Contact No.: Home/Office: Mobile: 97112281		
Nationality: SINGAPORE CITIZEN		Email: LIMYS536@GMAIL.COM		
Sex: Male	Age: 49	Date of Birth: 17/06/1974	Type of Informant: Bus driver	
Race: Chinese		Language: English		
Occupation: Bus driver		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident: Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/06/2024 13:40	Type of Location: X-Junction	
Location: JALAN BESAR				
Weather: Sunny		Road Surface: Uneven		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SG5952H	Bus/Coach/Mini bus	MAN				15

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



**SINGAPORE
POLICE FORCE**



T/20240606/7119

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3
Report No. T/20240606/7119

CONTINUATION OF REPORT

Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SG5952H (Bus/Coach/Minibus)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Slight
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SG5952H (Bus/Coach/Minibus)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Serious
Bus driver			
Name	LIM YONG SENG	ID No.	S7418856G
Related Vehicle	NIL	Contact No.	97112281
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

I am driving bus serves 857 along junction of Jalan Besar towards Bencoolen street went I am driving straight to the junction a trailer is making a left turn at the left side of the junction I take the middle line and go straight to the junction whereby accident with trailer loaded with rebar.



**SINGAPORE
POLICE FORCE**



T/20240606/7119

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20240606/7119

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Signature Of Interpreter:
Not applicable

Date/Time:
06/06/2024 22:13

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD KHAIRI SUFRIE BIN SUHAIMI
Contact No.: 96207105

Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: ST1024670003 Vehicle Registration No: SG5952H
TOWER TRANSIT SINGAPORE
 Name (as shown in NRIC): PTE LTD NRIC/FIN/Passport No: 201419417K
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 21 BULIM DRIVE, BULIM BUS DEPOT Singapore (648170)
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 06/06/202 Time of Accident: 13:50 HRS
 Place of Accident: _____
 Insurance Company: MS FIRST CAPITAL

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

CHANGE FROM CLAIM THIRD PARTY TO CLAIM UNDER OD



Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: