

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	18/07/2024 15:11 (SGT)
Reported by	Actual Driver
Date of Accident	17/07/2024 05:36 (SGT)
Exact Location of Accident	Near NUS High Sch, Singapore
Additional Location Information	ALONG SLIP ROAD AYE (MCE, AFT EXIT 9) TO CLEMENTI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS8659Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SBS Transit Ltd
Company Reg No	1XXXXXXXXXXTE01
Email Address	leehj@sbstransit.com.sg
Mobile Phone No	(Phone) +65-99999999
Alternative Phone No	(Office) +65-65151383

VEHICLE PARTICULARS

Manufacturer	Scania
Model	KUB4X2 (EEV)
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	8867

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24102280MFBP

DRIVER

Name of Driver	LIU ZHENBO
Work Permit No	GXXXX318P
Date Of Birth	29/09/1973

Occupation	Outdoor
Driving Pass Date	04/07/2018
Driving experience	6 YEARS
Gender	Male
Mobile Number	(Phone) +65-80495509
Alt. Phone Number	-
Email Address	leehj@sbstransit.com.sg
Address	C/O 1 Business Park Drive
Address complement	-
Postcode	608506
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

According to BC 60838: My bus was stationary on left most lane along slip road of AYE (MCE After Exit 9) waiting for traffic light when the private bus hit the right rear of my bus. I alighted from the bus and made a check. I noticed that oil spillage after the accident. No one was injured during the incident. OCC was informed. Police and CRS was activated by OCC and SCDF was activated by police. my bus was towed back to UPD by CRS. Bus sustained right rear bumper cracked with oil leak while private bus sustained left front windscreen and bumper damages.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC5067U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	Chan Kong Ya
Contact Number	(Phone) +65-96759114
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	Front windscreen damages, front bumper damages and LHS rear view mirror damages.
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

AR-2024-3861
17/07/2024

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7. By the lodgment 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:

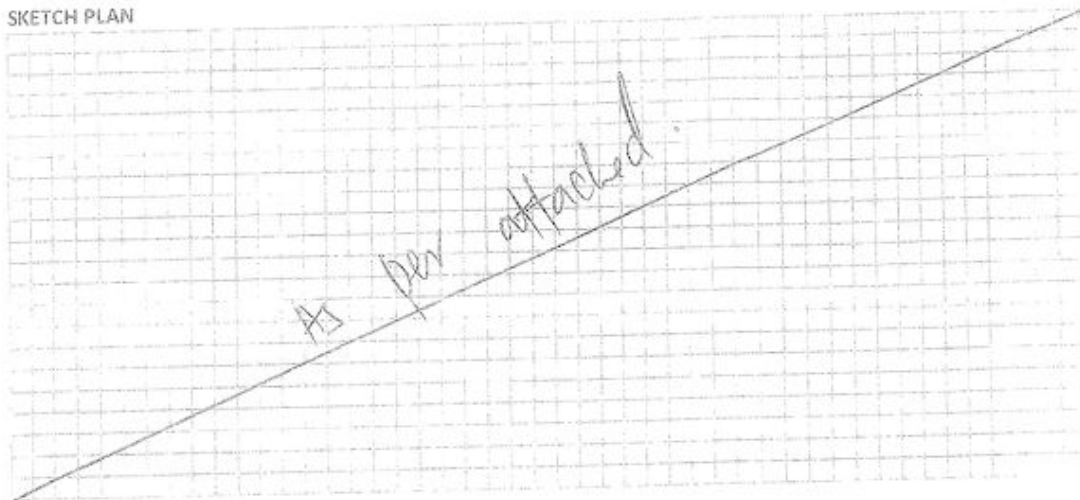
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

VIVIAN LEE HUEY JUAN
Safety Officer
Ulu Pandan Depot
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A large rectangular area with horizontal lines for describing the circumstances of the accident. It is crossed out with a diagonal line and the handwritten text 'As per attached'.

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:

VIVIEN LEE HUEY JUAN
Safety Officer
Ulu Pandan Depot

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

Track ID: 056881

SBS Transit

Sketch Plan

A - SBS8659Z

B - PC5067U

I/O In charge :	Ng Ching Ying
Report No :	AR-2024-3861
Date & Time Acc :	17/07/2024
意外日期與時間 :	0536hrs
Bus No: 巴士車牌:	SBS8659Z
Svc No: 路線:	201
BC No: 工牌號碼:	60838
BC Name: 姓名:	Lin Zhen Bo
Signature: 簽名:	
Date: 日期:	17/07/2024

Along slip road AYE
(MCE, after Exit 9) to Clementi Rd

Clementi Road.

