

## 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 Authorised 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 ability.
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 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 Report	27/09/2017 10:31
Date Of Accident	26/09/2017 15:50
Exact Location Of Accident	WOODLANDS AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG1742Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	198202292D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64823888

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	BUS
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	BUS

### Insurance Company

Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-17087563MFBP
Cover Note Number	

### Driver

Name of Driver	CHIEN SOO POH
NRIC No	S2671286F
Date Of Birth	28/03/1966
Occupation	OUTDOOR
Date Of Driving Pass	06/02/1998
Driving Experience	19 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address  
Postcode  
Was driver an employee of the Insured's Company YES  
If No, Relationship of the Driver with the Insured  
Vehicle Registration Number of Driver's Own Vehicle -  
-  
-  
Insurance Company of Driver's Own Vehicle -  
-  
-

#### General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR  
Weather Conditions AFTER RAINING  
Road Surface WET

#### Other Information

Was any foreign vehicle involved in this accident? NO  
Was any body injured in the Accident? YES  
Was any other material or property damaged? YES  
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
Number of Passengers (Including Driver) 55

#### Details of Police Action

Was the accident reported to the police? NO  
If Yes, Please state which Police Station  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

Bus was stationary at the signalized junction of W'lands Ave 2 waiting for the traffic light to turn green. When the light turned green, bus moved when suddenly a vehicle SJE8286U on the right lane abruptly cut into my path as a result bus hit onto the rear of the said vehicle. After the accident, I immediately check any paxs injured at the time no paxs complain that they were injured. I received a call from my supervisor at night, he told me that there were paxs injured inside my bus from the earlier accident.

#### Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT  
Was there any video captured by Car Camera? NO  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJE8286U  
Vehicle Make/Model/Colour  
Details Of Properties  
Name of Driver TOH KIAN HUAT  
NRIC/Passport Number  
Contact Number 90067079  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### Details of Witness

Name  
Phone Number  
Email Address

#### DETAILS OF INJURED PERSON 1

Name	UNKNOWN
Approximate Age	
Injuries Sustain	UNKNOWN
Injured person in which vehicle?	SG1742Z
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

Bus/09/17/7041

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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 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.

SMT Buses Ltd  
6 Ang Mo Kio Street 6  
Singapore 569140  
Tel: 6482 3888 Fax: 6482 3843  
www.smt.com.sg

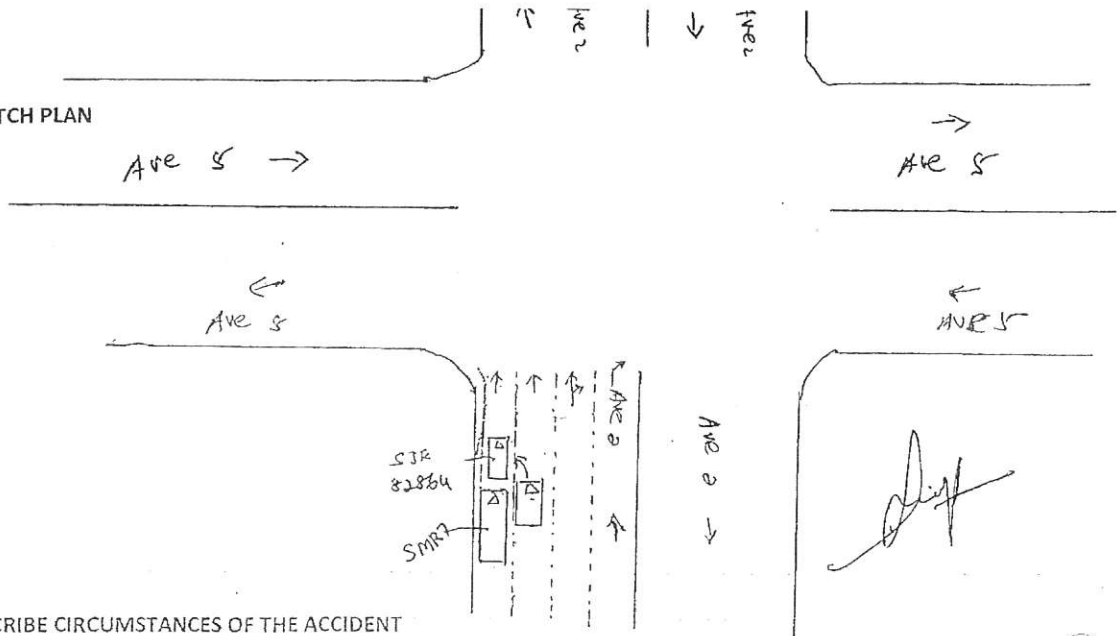
Policyholder's Signature  
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to G118 report.

DECLARATION

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

**SMRT Buses Ltd**

6 Ang Mo Kio Street 6

Singapore 569140

Tel: 6482 3888 Fax: 6482 3841

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: