### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	26/01/2018 16:13
Date Of Accident	19/01/2018 09:25
Exact Location Of Accident	YISHUN RING RD AFT BS:59561 BLK 798
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SG5516J
Insured/Policyholder	
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-17087563MFBP
Cover Note Number	
Driver	
Name of Driver	SHAHRIZAM BIN ZAINAL ABIDIN
NRIC No	G6930255L

 NRIC No
 G6930255L

 Date Of Birth
 21/05/1986

 Occupation
 OUTDOOR

 Date Of Driving Pass
 02/03/2015

Driving Experience 2 YEARS AND 10 MONTHS

Gender MALE

Mobile Number Fax Number

Contact Number

EMail Address NOEMAIL

Address NOADDRESS

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

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Insurance Company of Driver's Own Vehicle

-

NO

16

NO

NO

**General Information of the Accident** 

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

Bus was travelling along Yishun Ring Road, after BS: 59561 (Blk 798), suddenly heard a sound from the rear right side of the bus. View from the right view mirror found that the bus right rear was hit by the left front of a lorry XB8440R. For the alleged accident nobody was injured.

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 XB8440R

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver MOHD ISKANDAR BIN MOHKREH

NRIC/Passport Number

Contact Number 81527748

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

### SKETCH PLAN

#### IMPORTANT NOTICE

Bus/01/18/7042

- 1. Please report correctly the details of the accident to speed up the claims process.
- 1. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- L. Any false reporting may be referred to the Police for investigation.
- The record is also forwarded by the insure sold the bur fectors is a significant terms enough the period in a maluse. Association of Singapore (GIA) for archiving and that copies of this report will for a fee the made available upon application by interested parties.
- ). By the indeprent of this report to the insurers combenshy consens to the end that great telegraphs is written if it is said telegraph.

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- t Consent under the Personal Data Protection Act (FDPA)

Lunderstand, 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 purposets) of:
  - 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.

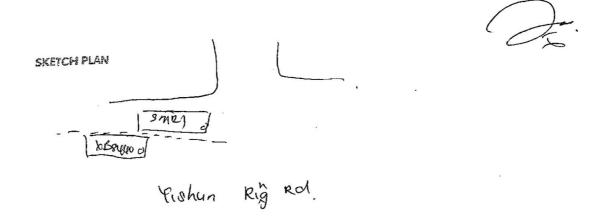
SMRT BUSS

Policyholder's Signature Date & Time: Driver's Signature

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

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

# Sketch Plan Pg. 2



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holder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
& Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

## Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

 $\underline{\textbf{IMPORTANT NOTE}} : \hspace{0.2cm} \textbf{Please submit the completed Addendum form to the } \underline{\textbf{same}} \hspace{0.2cm} \textbf{Authorised Reporting Centre}$ with whom you submitted the Original Report.

	ADDENDUM				
۹)	A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:				
	Original Report No: MSR118013072	Vehicle Registration No:SG5516L			
	Name(as shown in NRIC): SMRT_BUSES_LT	D NRIC/FIN/Passport No: 198202292D			
	(*Vehicle Driver / Vehicle Owner) (*) Please delete	as appropriate			
	Address :	Singapore(			
	Contact (Tel) :	Mobile No. :			
	Email Address :				
	Date of Accident : 19/01/2018	Time of Accident :09 : 23			
	Place of Accident : YISHUN RING ROAD AFTER BS:59561 - 798				
	Insurance Company: MS FIRST CAPITAL INSURANCE LTD				
В)	I have made a report on the above mentioned accident and would like to include additional information o make the following amendments:				
	of SG5516L.				
	0 S 18 3 S 18 5 S 18 3 S 18 5	BALQISH			
	Policyholder / Driver's Signature Date:	Reporting Centre Personnel's Signature Name: NRIC/FINNo.: Date:			