

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 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	06/02/2018 08:59
Date Of Accident	30/01/2018 19:55
Exact Location Of Accident	MANDAI AVE AFTER BS:48141
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG1129U
Insured/Policyholder	
Name Of Registered Owner	SMRT BSUES 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	LOW CHIEW YEN
NRIC No	G7629770W
Date Of Birth	03/07/1984
Occupation	OUTDOOR
Date Of Driving Pass	16/10/2008
Driving Experience	9 YEARS AND 3 MONTHS
Gender	FEMALE
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 -

Insurance Company of Driver's Own Vehicle -

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 this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance? NO

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) 12

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 travelling along Mandai Ave, after BS: 48141 (Opp Mandai Crematorium & Columbarium), the traffic condition was heavy and all vehicles were moving slowly (stop and go). While moving slowly suddenly heard a sound from the rear of the bus, after checking found that a vehicle had collided onto the rear of the bus. 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 SKC1840P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver ANDREW HO

NRIC/Passport Number

Contact Number 97924638

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



Customer Code: 3000066

SMRT BUSES LTD

Block Unit
STREET 62
6 ANG MO KIO
SINGAPORE 569140



SMRT Automotive Services Pte Ltd
251 North Bridge Road Singapore 179102
Tel: 65 63311000 Fax: 65 63340247

Tax Invoice

GST Reg No. : MR-8500001-7
CRN : 199004280Z
Invoice No. : IV180300292
Date : 14.03.2018
Vehicle No. : SG1129U
Your Ref No. : BUS/01/18/1053
Our Ref No. : 24094675
Terms : 30 Days

Description	Qty	Unit Cost	Add %	/ (Discount) Amount	Amount
Labour					
TO REPAIR REAR PORTION	1.00	\$ 795.00	0.00	\$ 0.00	\$ 795.00
Others					
PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS	1.00	\$ 200.00	0.00	\$ 0.00	\$ 200.00

GRAND TOTAL \$ 995.00

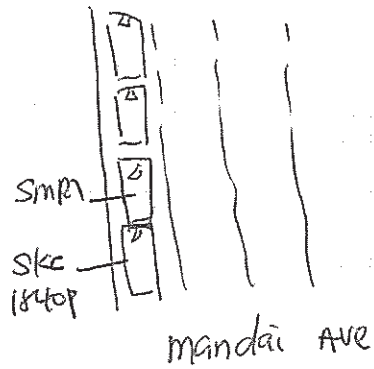
Remark :

Make/Model : MB CITARO O530
Accident Date : 30.01.2018

N.B. Payment by cheque should be crossed and made payable to 'SMRT Automotive Services Pte Ltd'.
No receipt will be issued unless requested.

Authorised Signature
for SMRT Automotive Services Pte Ltd

SKETCH PLAN

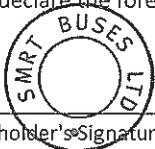


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to G114 report

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:

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

Enquire Transaction History

Transaction History Details

Log Date/Time:	06 Feb 2018 / 15:09:47		
Asset Type:	Vehicle	Transaction Amount:	\$7.49
Asset ID:	SKC1840P		
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)	Channel:	External Agency
User ID:	ESASBAH0 - BALQISH BINTE ABDUL HALIL	Business Transaction Reference No.:	20180206150947104670

Search Date / Time: 30 Jan 2018 19:57:00
Insurance Company: NTUC INCOME INS CO-OP LTD
Information displayed is correct as at the log date and time.

[Enquire Related Logs](#)[Back to List](#)



