

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	05/07/2017 16:18
Date Of Accident	04/07/2017 10:20
Exact Location Of Accident	NEWTON CIRCUS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB65Z
Insured/Policyholder	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	198202292D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88888888

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	MUHAMAD AZREELBIN AYOB ALI
Passport No/FIN	G2780425Q
Date Of Birth	03/11/1991
Occupation	OUTDOOR
Date Of Driving Pass	16/05/2016
Driving Experience	1 YEAR AND 1 MONTH
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -
-

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
Was any body injured in the Accident? 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) 1

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

REFER TO GIA.

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera? YES
Remarks/ Reasons: PENDING FOR UPLOADING
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number GBG369B
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

Sketch Plan Pg. 1

IMPORTANT NOTICE

SKETCH PLAN

Bus 107 | 17 | 5001

1. Please report accurately the details of the accident to speed up the claims process.
2. The Form must be submitted by the Policyholder and/or the Authorized 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 rescind the policy liability.
4. The state 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 statement 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 if/when:

8. Consent under the Personal Data Protection Act (PDPA) is understood, acknowledged, agreed and consent that:

- (a) the insurer, my self and/or the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/information set out in this Form and any other personal information provided by me or provided 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 firm, 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 making 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 firm, 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 firm/law firms), which may be used outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time 17/10/17 Driver's Signature (If driver is not the policyholder) / Date & Time 17/10/17 Witnessed by Reporting Centre Personnel 11/10/17

Sketch Plan

Refer to sketch plan

Describe Circumstances of the Accident

While travelling on the extreme left lane along Station Creek Road, I
 started veering to the right, away from the road, and I lost control of my vehicle.
 and the front portion of the car was not near the road.
 No injury. Tied up.

A large rectangular area with horizontal lines, intended for a sketch plan. A diagonal line is drawn across the entire area from the top-left corner to the bottom-right corner.

Declaration

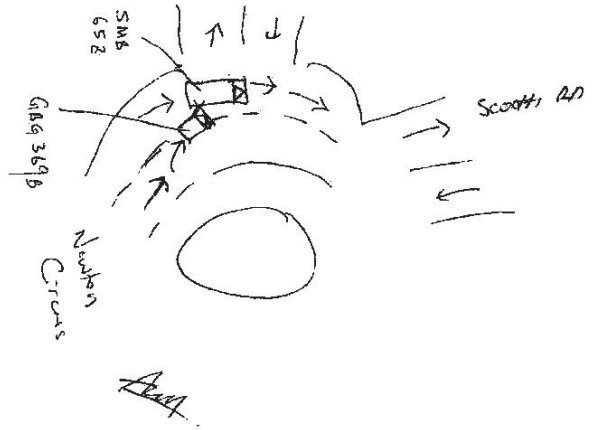
I/We declare the foregoing particulars are true in every respect.

Police Officer's Signature / Date & Time

Driver's Signature (if driver is not the police officer) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan Pg. 3



BC 22865	700A	GAB
	SMB 652	369b