

## 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	12/03/2018 17:48
Date Of Accident	10/03/2018 10:45
Exact Location Of Accident	SLIP ROAD FROM ANG MO KIO AVE 8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB177J
<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-88888888
<b>Vehicle Particulars</b>	
Manufacturer	MERCEDES-BENZ
Model	CITARO O530-6.4 D AT TURBO ABS (A)
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	SAMSUDIN BIN PARIK
NRIC No	S1422909D
Date Of Birth	24/12/1960
Occupation	OUTDOOR
Date Of Driving Pass	16/07/2004
Driving Experience	13 YEARS AND 7 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 -

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) 38

### 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

While travelling at the slip road from Ang Mo Kio Ave 8 to Ang Mo Kio Ave 1 (towards Lor 1 Terminal), slowing down as I approach the 'Give Way' line, suddenly the bus right rear was hit by a private car (SLS5993J). After exchanged particulars, bus continue revenue service from the said location.

### 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 DOWNLOAD

Was there any audio recorded? NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLS5993J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE HIRE

Name of Driver TEO LYE HOCK

NRIC/Passport Number S1585988A

Contact Number 91655584

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

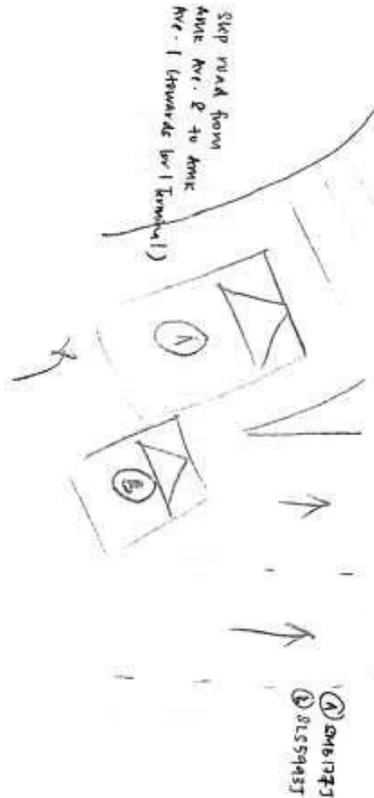
# Sketch Plan Pg. 1

## IMPORTANT NOTICE

## SKETCH PLAN

1. Please report **genuinely** the details of the accident to speed up the claims process.
2. The Form must be **completed 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 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. **Autolite Reporting may be referred to the Police for investigation**
6. The report will be forwarded by the insurers of the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will 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 the report at the centre and to copies of the report being made available at/onsite.
8. **Consent under the Personal Data Protection Act (PDPA)**
  - (a) I, the Insurer, my workshop and 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 who have insured vehicle(s) involved in this accident (al insurer(s) and decide and transfer such Personal Information to all insurer(s) collectively referred to as the "Insurers"), the Insurer, law yanklaw 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, 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
    - (iv) complying with applicable law in administering, processing, handling and/or dealing with my claims.
  - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yanklaw 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 yanklaw firms), which may be done outside of Singapore, for one or more of the above purposes.

Policyholder's Signature / Date & Time \_\_\_\_\_  
 Driver's Signature (if driver is not the policyholder) / Date & Time \_\_\_\_\_  
 Witnessed by Reporting Centre Personnel \_\_\_\_\_



Skip read from above for 2 to form for - I (private for 1 kmph)

① 2M6137J  
 ② 8LS5943J

# Sketch Plan Pg. 2

Describe Circumstances of the Accident  
REFER TO REPORT

Lined area for describing the circumstances of the accident.

## Declaration

We declare the foregoing particulars are true to every respect.

Policynoder's Signature / Date & Time

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

Witness's Signature / Date & Time  
Witness's Name  
Witness's Address

