

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	17/08/2016 14:25
Date Of Accident	17/08/2016 10:15
Exact Location Of Accident	MOUNT ALVERINA HOSPITAL PICK-UP/DROP OFF POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3663L
Insured/Policyholder	
Name Of Registered Owner	BUS PLUS SERVICES PTE 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-IIO27593MFBP
Cover Note Number	
Driver	
Name of Driver	TOH SUAY HWA
NRIC No	S1627338D
Date Of Birth	27/12/1964
Occupation	OUTDOOR
Date Of Driving Pass	03/11/1983
Driving Experience	32 YEARS AND 9 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 UNKNOWN - 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
 Was there any video captured by Car Camera? NO
 Number of Passengers (Including Driver) 8

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 Mount Alvernia Hospital pick up / drop off point waiting for schedule time up, there were about 8 bus paxs inside the bus. While waiting, I heard a sound from the rear right side of the bus. After checking found that a taxi SHD1812B had collided onto the rear right side of the bus. The Taxi driver admitted is his fault and wanted private settlement with our company. For the above accident nobody was injured.

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD1812B
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver LIM KOK WAH
 NRIC/Passport Number
 Contact Number 81465858
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

SKETCH PLAN

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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.

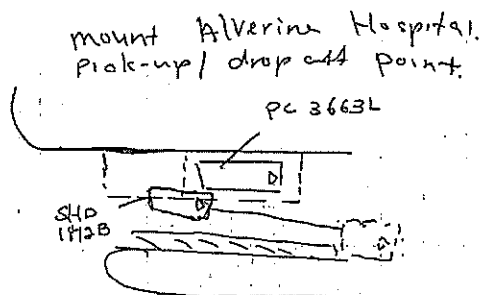


Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

pls ref to GIA report

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

Th

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

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Witnessed by Reporting Centre
Personnel