

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 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. **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	26/11/2018 11:12
Date Of Accident	22/11/2018 11:35
Exact Location Of Accident	HOLLAND ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB3570L
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Insured/Policyholder

Name Of Registered Owner	TOWER TRANSIT SINGAPORE PTE LTD
Co Reg No	201419417K
Email Address	SHARIFAH@TOWERTRANSIT.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68171747

Vehicle Particulars

Manufacturer	ALEXANDER DENNIS
Model	ENVIRO500-8.8 D (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
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If No, Please state action to be taken	THIRD PARTY
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Vehicle Category	BUS
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Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-18092210MFBP
Cover Note Number	

Driver

Name of Driver	MUHAMMAD IRFAN BIN ABDUL MALIK
NRIC No	S8110302Z
Date Of Birth	03/04/1981
Occupation	OUTDOOR
Date Of Driving Pass	13/09/2002
Driving Experience	16 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	+65-98888888
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	21 BULIM DRIVE
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	
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)	13

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED STATEMENT.

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	SKS2717Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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7. By the lodgment 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.
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.
- (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.



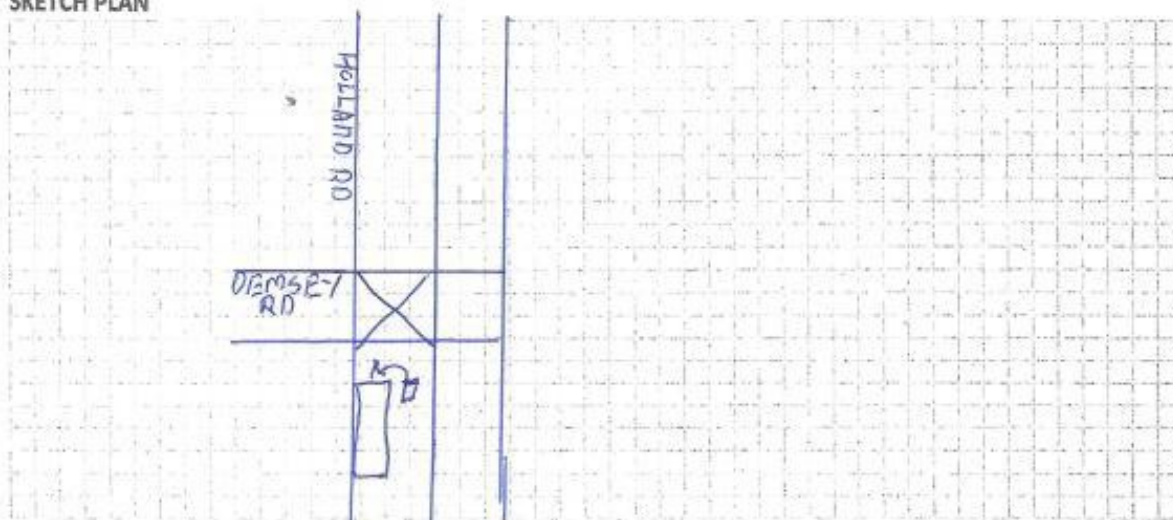
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 22/11/18 16.30

Reporting Centre Personnel's Signature
Name: Abdul Rahim
NRIC/FIN No.: 81132162 C

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As AC statement form.

(The rest of the section is crossed out with a diagonal line.)

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: 22/11/18 16:30

Reporting Centre Personnel's Signature

Name: ABDUL RAHIM

NRIC/FIN No.: S1132162C

Form 10/11/2018 (Revised)

Sketch Plan #3



Statement Form

BC Name: MUHAMAD IRFAN BIN ABUL MALIK Date Taken:
 BC No : 38110302 Z Time Taken:
 Nature of Incident: TRAFFIC ACCIDENT (Hit and Run)
 Date of Incident: 22 NOV 2018 Time of Incident:
 Service No: 106 Bus Reg No: SMB3570L Duty No: AM 05
 Details:

On 22 Nov 2018, at 11:30 hrs. I BC 11204 on service 106A05 was driving bus SMB3570L my direction was from Shenton Way to Bukit Batok Interchange. 15 passengers was on board my bus. While I was driving along Holland Road before the junction Denney Road. I was on the extreme left lane. Suddenly a motorcar reg no SKX2717 what I remembered cut into my lane and had a side swipe. I braked to stop him. The driver did not stop and turn left to Verdure Condo. I stop my bus at Leat Tower bus stop and checked my bus. My bus right hand front side bumper screeches. No one was injured. I reported the incident to BACC and continue my journey to Bukit Batok Interchange.
 That all

*I confirmed that the above statement given by me is correct to the best of my knowledge.

MUHAMAD IRFAN 11204 22/11/18 16:30
 BC Name & No. Signature Date & Time

Statement Taken By:

ABDUL RAHM 15
 Name Designation Signature

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20181122/2151

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

1 of 3

Report No. T/20181122/2151

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2018 17:48	Vide Report No.:	Station Diary No.: 75
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Informant's Particulars

Name of Informant: MUHAMAD IRFAN BIN ABDUL MALIK			Address: APT BLK 702 WEST COAST ROAD #05-361 SINGAPORE 120702		
ID Type / ID No.: NRIC NO / S8110302Z			Contact No.: Home/Office: Mobile: 92204081		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 03/04/1981	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: BUS DRIVER			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/11/2018 11:20	Type of Location: Straight Road
Location: Along Road 1 HOLLAND ROAD before junction of Demsey Road				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKX2717X	Car					0
SMB3570L	Bus/Coach/Mi nibus	ALEXANDER DENNIS		Green	Slightly Damaged	15

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20181122/2151

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

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Report No. T/20181122/2151

CONTINUATION OF REPORT

Driver			
Name	MUHAMAD IRFAN BIN ABDUL MALIK	ID No.	S8110302Z
Related Vehicle	SMB3570L (Bus/Coach/Minibus)	Contact No.	92204081
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 22/11/2018 at around 1120hrs, I was on duty driving Tower Transit bus service number 106 (registration number SMB3570L). At that point of time the bus was travelling along Holland Road towards Demsey Road. We were travelling on the left most lane. There were 15 passengers in the bus. As I was driving along Holland Road towards Demsey Road, a grey colour car (registration number SKX2717X) abruptly entered my lane from the right. As a the car was entering my lane, I heard a knock coming from the front. I knew that the car had grazed the bus. I honk at the car for it to stop. The car stopped at the junction of Demsey Road as the traffic light was red. I honked and high beamed the car a few more times. After the traffic light turned green, the car drove forward and turned left into Verdure Condominium. Subsequently I stopped at Leat Tower bus stop and made a check if there were any damages. There were scratches on the front side bumper of the bus. I immediately inform Tower Transit bus operator about the incident. I was advised by them to lodge a police report. There cameras installed all around the bus.

Sketch Plan #6



SINGAPORE
POLICE FORCE



T/20181122/2151

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

3 of 3

Report No. T/20181122/2151

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

J /

Sr Staff Sgt SAIFULLAH BIN SUHAIMI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/11/2018 17:48

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476145

Classification Of Case:

Authentication Stamp :

NP168

Singapore Police Force



Addendum Sheet



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: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MTOT18152743 Vehicle Registration No: SMB3570L

Name (as shown in NRIC) : TOWER TRANSIT SINGAPORE PTE LTD NRIC/FIN/Passport No : 201419417K

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : 21 BULIM DRIVE Singapore (648170)

Contact (Tel) : 68171747 Mobile No. :

Email Address :

Date of Accident : 22/11/2018 Time of Accident : 1135HRS

Place of Accident : HOLLAND ROAD

Insurance Company: MS First Capital Insurance Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ACCORDING TO CCTV, THIRD PARTY VEHICLE NUMBER IS SKS2717Y. THAT'S ALL.



Policyholder / Driver's Signature
Date:

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