

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 | 03/07/2018 09:30 |
| Date Of Accident | 28/06/2018 08:50 |
| Exact Location Of Accident | YIO CHU KANG RD AFTER BS: 55089 (AFT SUNRISE GDNS) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------|
| Vehicle Registration Number | SG5741A |
| Insured/Policyholder | |
| Name Of Registered Owner | SMRT BUSES LTD |
| Co Reg No | 198202292D |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-NOPHONE |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | MAN |
| Model | MAN A22 |
| 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-18090224MFBP |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | LAI FONG HIAN |
| NRIC No | S0065680A |
| Date Of Birth | 28/12/1952 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 24/07/1993 |
| Driving Experience | 24 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-80000000 |
| 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 SIDE SWIPE

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) 20

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8529999 - FAX NO: 68522299

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON 28/06/2018 AT 0840HRS, I WAS DRIVING MY SMRT BUS SERVICE NUMBER 857, PLATE NUMBER SG5741A ALONG YIO CHU KANG ROAD TOWARDS LENTOR AVENUE., BUS -STOP OUTSIDE SUNRISE GARDEN, WHERE TRAFFIC COMES TO A STANDSTILL. I WAS ON THE BUS LANE (2ND LANE). I HEARD SOME KNOCKING SOUND COMING FROM THE REAR OF MY BUS. I FOUND OUT THAT A BLACK MOTORCYCLE, PLATE NUMBER FBM1600U HAD HIT THE LEFT SIDE OF GREY TOYOTA SJL8355S FIRST ON THE FIRST LANE., FOLLOWED BY THE REAR LEFT OF A GREY BMW SLX3848H, THE FRONT RIGHT OF MY BUS. THE RIDER CONTNUED TO LOST CONTROL OF HI MOTORCYCLE AND HIT ONTO THE RIGHT SIDE OF A SILVER HONDA SJX1668Y AND THE REAR LEFT OF A BLACK AUDI A4, SLF674G. NO ONE WAS INJURED DURING THE ACCIDENT. NO POLICE OR AMBULANCE WAS CALLED IN. WE EXCHANGED PARTICULARS AND ALL PARTIES LEFT THE SCENE. AS A RESULT OF THE ACCIDENT THE FRONT RIGHT OF MY BUS HAD A SCRATCH MARK. I REPORTED THE ACCIDENT TO MY SMRT BUS COMPANY AND WAS ADVISED TO LODGE A POLICE REPORT FOR MY OWN COMPANY'S RECORD PURPOSE

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 FBM1600U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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5. **Any false reporting 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 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:



Reporting Centre Personnel's Signature
Name: BALQISH
NRIC/FIN No.: S8340325Z

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF

REFER TO REPORT

Am E. 49

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: BALQISH
NRIC/FIN No.: S8340325Z



**SINGAPORE
POLICE FORCE**



F/20180628/2132

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POLICE REPORT (NP299)

Report No. F/20180628/2132

Police Station Of Origin
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

| | | |
|---|---|--------------------------|
| Date/Time Report Made 28/06/2018 16:43 | Vide Report No. | Station Diary No. 130 |
| Name Of Informant LAI FONG HIAN | Address APT BLK 305 YISHUN CENTRAL #10-181 SINGAPORE 760305 | |
| ID Type / ID No. NRIC NO / S0065680A | Contact No. Home/Office | Mobile 97121295 |
| Nationality SINGAPORE CITIZEN | Email Address | |
| Occupation bus captain | Sex Male | Age 65 |
| Institution/School Name | Date of Birth 28/12/1952 | Race Chinese |
| Date/Time Of Incident 28/06/2018 08:40 | Location Of Incident Along Yio Chu Kang Road towards Lentor Ave, bus-stop outside Sunrise Garden | |

Brief details.

On 28/06/2018 at 0840hrs, I was driving my SMRT bus, service number 857, plate number SG5741A, along Yio Chu Kang Road towards Lentor Ave, bus-stop outside Sunrise Garden, where traffic comes to a standstill. I was on the Bus Lane (2nd Lane). I heard some knocking sound coming from the rear of my bus. I found out that a black motorcycle, plate number FBM1600U, had hit the left side of Grey Toyota, SJL8355S first on the first lane, followed by, the rear left of a Grey BMW SLX3848H, the front right of my bus. The rider continued to lost control of his motorcycle and hit onto the right side of a silver Honda.

| | |
|--|--------------------------------|
| Signature Of Officer Recording The Report: F / Staff Sgt FRANCIS PEH JIAN HAO | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 28/06/2018 16:43 |
| Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / Sgt 2 LEE SHI HUI, ISABELLA Contact No.: 64849999 | Classification Of Case: |

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20180628/2132

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180628/2132

SJX1668Y and the rear left of a black Audi A4, SLF674G. No one was injured during the accident. No police or ambulance were called in. We exchanged particulars and all parties left the scene.

As a result of the accident, the front right of my bus had a scratch mark. I reported the accident to my SMRT bus company and was advised to lodge a police report for my own company's record purpose.

Signature Of Officer Recording The Report:

F / Staff Sgt FRANCIS PEH JIAN HAO

Signature Of Interpreter:
Not applicableOfficer In-Charge Of Case:
F / Ang Mo Kio North N.P.C /
Sgt 2 LEE SHI HUI, ISABELLA
Contact No.: 64849999

Signature Of Informant:

Date/Time:
28/06/2018 16:43

Classification Of Case:

Authentication Stamp