

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	27/05/2019 13:50
Date Of Accident	24/05/2019 20:05
Exact Location Of Accident	JUNCTION OF CHOA CHU KANG AVE 4 & C.C.K LOOP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS6357H
Insured/Policyholder	
Name Of Registered Owner	TOWER TRANSIT SINGAPORE PTE LTD
Co Reg No	201419417K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62480987

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CITARO O530-6.4 L 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	REPORTING ONLY
Vehicle Category	BUS

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	GOH SAN HNG
NRIC No	S1375390C
Date Of Birth	02/12/1959
Occupation	OUTDOOR
Date Of Driving Pass	04/05/2016
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	30

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

PLEASE REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1395T
Vehicle Make/Model/Colour	MERCEDES E220
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



Statement Form

BC Name: Goh San Hng Date Taken: 25/05/2019
 BC No : 10360 Time Taken: 14:18hrs
 Nature of Incident: Road Traffic Collision
 Date of Incident: 24/05/2019 Time of Incident: 20:05hrs
 Service No: 974 Bus Reg No: SBS6357H Duty No: P09

Details:

I BC 10360 SVC974P09 driving bus no: SBS6357H @ 20:05hrs, I driving towards Lot 1 after traffic junction C.C. loop my bus side swipped 1 private taxi SHC1935T. I stopped my bus at bus-stop 4A539 (Lot 1) Shoppers mall at there point of time my bus had 30 passengers inside. 3rd party stopped his taxi in front me and confront me to see ^{his} ~~any~~ damaged left front bumper ^{section}. I took photo and 3rd party too took photo and he drove off before I can ask his particular. I tried to radio Boce but no response, so I drove off till at Westwood Bus-stop I call Boce using my handphone. Boce did request me the photos and send it to them and continue my trip as usual. My bus had no damage upon arrival at Joo Koon. I did inspect after there incident.

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

Goh San Hng 10360

BC Name & No.

[Signature]

Signature

25/05/2019 - 14:18hrs

Date & Time

Statement Taken By:

Banda Singh

Name

IS

Designation

Sketch Plan #2

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:

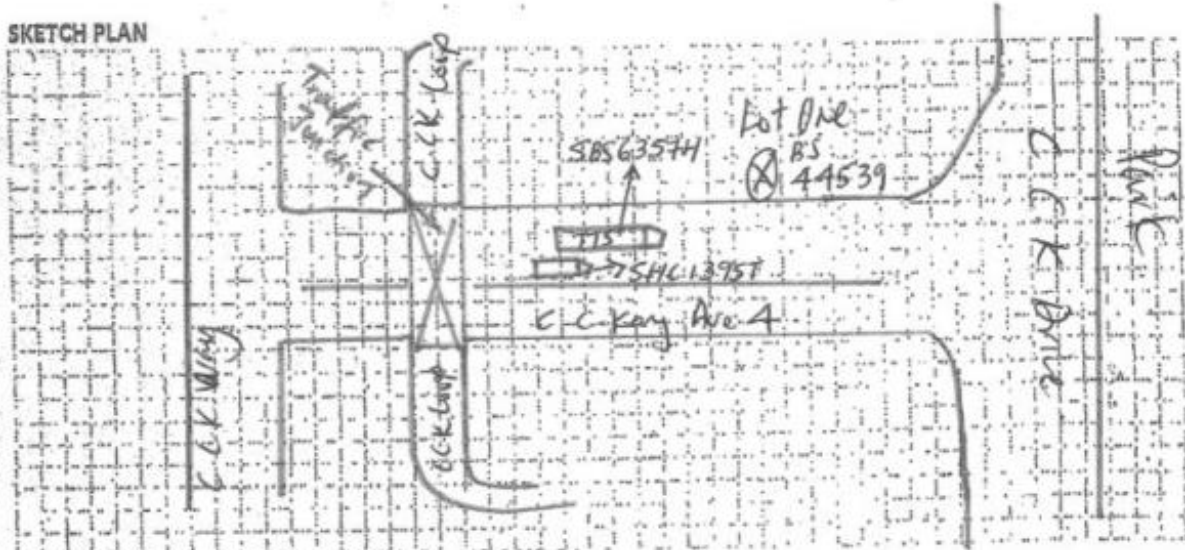
Driver's Signature
(If driver is not the policyholder)
Date & Time: 25/05/2019

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

14:18hrs

Sketch Plan #3

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I BC 10360 SVC974P09 driving bus no: SBS6357H @ 20:05 hrs, I driving towards Lot 1 after traffic junction CCK Loop my bus side swiped 1 private taxi SHC1935T. I stopped my bus at bus-stop 44539 (Lot 1) shopper mall at there point of time my bus had 30 passengers inside. 3rd party stopped his taxi in front me and confront me to see ^{his} damaged left front bumper ^{scratches}. I took photo and 3rd party too took photo and he drove off before I can ask his particular. I tried to radio Boce but no response, so I drove off till at Westwood Bus-stop I call Boce using my handphone. Boce did request me the photos and send it to them and continue my trip as usual. My bus had no damage upon arrival at Joo Koon. I did inspect after these incident.

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: 25/05/2019
14:18 hrs

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

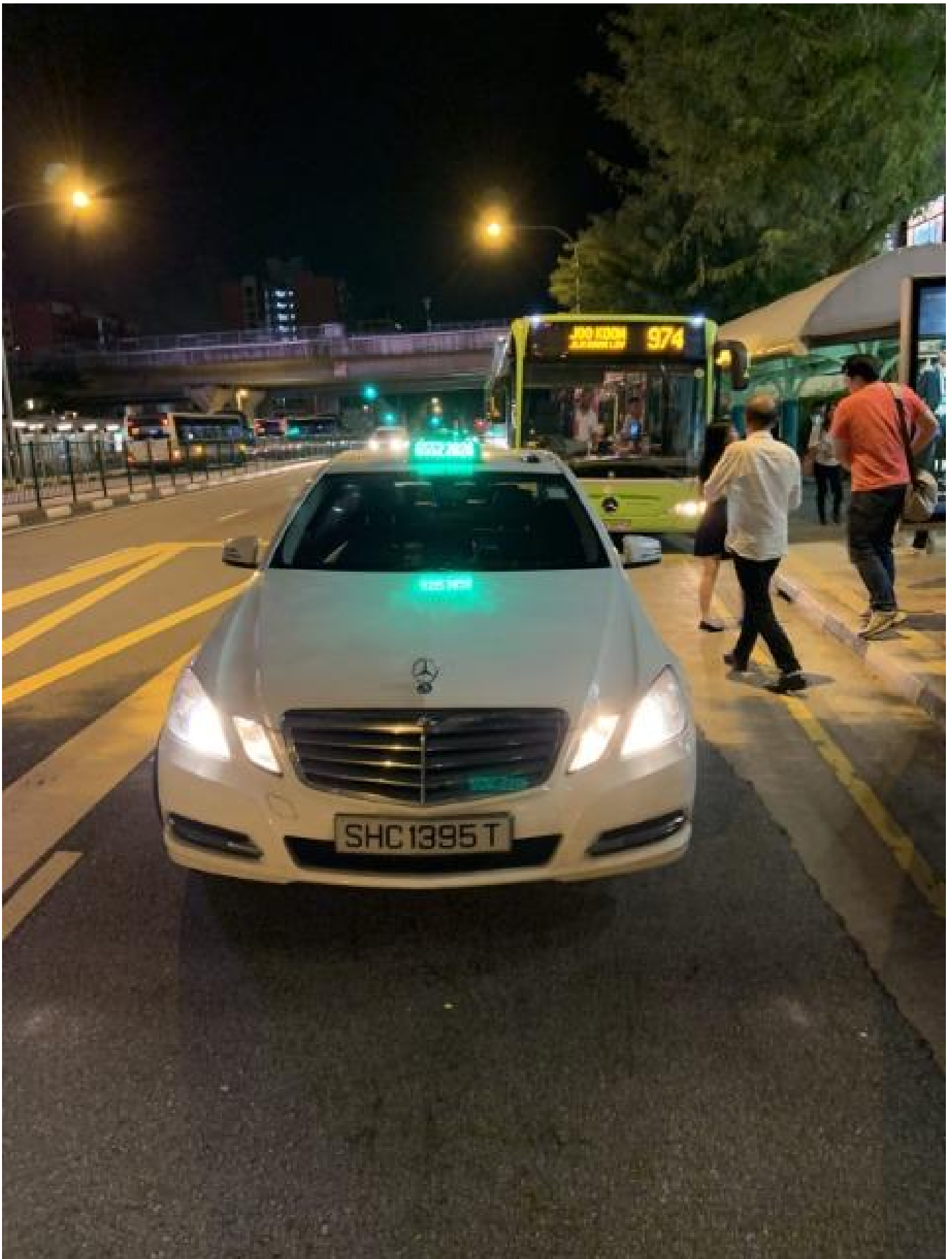
Accident Photo



Accident Photo



Accident Photo



Accident Photo

