# 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 witholding 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

LINE SEED FOR THE REPORT OF	ACCIDENT STATEMENT
Date Of Report	22/08/2019 14:15
Date Of Accident	20/08/2019 19:40
Exact Location Of Accident	NEWTON CIRCUS ROUNDABOUT (BEFORE BUS STOP 40189 NE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMB142J
Insured/Policyholder	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	198202292D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CITARO 0530
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-19093203MFBP
Cover Note Number	
Driver	
Name of Driver	SUE PIANG KHIAN
NRIC No	S1758948B
Date Of Birth	21/12/1966
Occupation	OUTDOOR
Date Of Driving Pass	27/07/1989
Driving Experience	30 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EMail Address	NOEMAIL Page 1 of
	Page 1 of

Address

NO 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

-

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## 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

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

#### **Details of Police Action**

Number of Passengers (Including Driver)

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

I WAS TRAVELLING ALONG NEWTON CIRCUS HEADING TOWARDS THE ROUNDABOUT. TRAFFIC ALONG THE ROUNDABOUT WAS CONGESTED DUE TO AN ACCIDENT THAT HAPPENED EARLIER. AFTER POSITIONING THE BUS WITHIN THE 3RD LANE, SUDDENLY I FELT AN IMPACT ON THE LEFT SIDE OF MY BUS. I SAW A PTE CAR (SFM9212G) HAD COLLIDED ONTO MY BUS LEFT REAR PORTION. I QUICKLY GOT DOWN TO EXCHANGE PARTICULARS AND ASSESSED THE DAMAGES ON MY BUS. MY BUS SUSTAINED SCRATCHES ON THE LEFT REAR PORTION. THERE WERE 10 PAX IN MY BUS AND NO INJURIES WERE REPORTED.

### Attachment(s)

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

Was there any video captured by Car Camera? YES

ES

Remarks/ Reasons: PENDING DOWNLOAD
Was there any audio recorded? NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SFM9212G

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver HEARMAN BIN OTHMAN

NRIC/Passport Number

Contact Number

Address Postcode

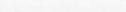
Insurance Company Name

AIG ASIA PACIFIC INSURANCE PTE, LTD.

Nature Of Damage No. Of Passenger (Including Driver)







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- (b) all insurer[5] who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permits
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  (c) my Personal Information may/can be disclosed and used to complete cid Singapore, for one or more of the sole of the and or complete cid Singapore, for one or more of the sole of the collection of the property of t

- (III) carrying out and/or dealing with my instructions or responding to any enquiries by me;
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  which could movine dischorate of certain personal data about metric brings about delivery of the same as feel as on
  external cover of envelopes/mad packages); and/or
  - - (ii) investigating the accident and/or my claims;
- Any false reporting may be referred to the folice for investigation.
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  - Please report correctly the details of the accident to speed up the claims process.

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## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Company	
Owner ID: Vehicle Details	292D	
Vehicle No.:	SMB142J	
Vehicle to be Exported:	No	
Intended Deregistration Date:	23 Aug 2019	
Vehicle Make:	MERCEDES BENZ	
Vehicle Model:	CITARO O530	
Primary Colour:	Multi-Colour	
Manufacturing Year:	2010	
Engine No.:	90292600847496	
Chassis No.:	WEB62808323120697	
Maximum Power Output:		
Open Market Value:	\$282,480.00	
Original Registration Date:	18 Mar 2011	
First Registration Date:	18 Mar 2011	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$0.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:		
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	
COE Rebate Amount:	\$0.00	
Total Rebate Amount:	\$0.00	

The information contained herein is correct as at 23 Aug 2019

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