

## 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	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

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB142J
<b>Insured/Policyholder</b>	
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	
EEmail Address	NOEMAIL

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	-
	-
	-

#### 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)	10

#### 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

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
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)

2. This Form must be completed by the Policyholder and/or the Authorised Driver.

8. The information provided must be as **true and accurate as possible**. Any willful misrepresentation or withholding of materiality.
9. Information provided must be completed by the Policyholder and/or the Authorized Driver.
10. This Form must be completed by the details of the accident to speed up the claims process.
11. Please report **correctly** the details of the accident to speed up the claims process.
12. This Form must be completed by the details of the accident to speed up the claims process.
13. Information provided must be as true and accurate as possible. Any willful misrepresentation or withholding of materiality.
14. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the Insurance Company.
15. Our failure requests may be referred to the Police for investigation.
16. The report will be forwarded by the insurers of the OIA 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.
17. By the signature of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of this report being made available elsewhere.
18. Consent under the Personal Data Protection Act (PDPA)
19. I understand, acknowledge, agree and consent that:

[illegible]

- (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 merit and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) investigating my claims (including the making of correspondence with third parties, witnesses, reports or notices to me) with which could involve disclosure of certain personal data about me to bring about delivery of the same as well as the external cover of envelopes/packets, letters and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "tasks").
- 3. Consent**
- (a) all Insured(s) who have insured vehicle(s) involved in this accident and the Insureds' lawyers/law firms, may be permitted to collect, use, disclose and/or process my personal information for any one or more of the above purposes and/or;
  - (c) my personal information may be disclosed by any of the Insureds and/or claim to third third parties providers or agents/representing their lawyers/law firms), which may be used 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 may be shared / disclosed:
  - (i) to all Insureds and/or any third third parties and government agencies that assist in evaluating, investigating, controlling or managing fraud, regulator, law enforcement and law enforcement agencies, as reasonably required for the purposes stated, or;
  - (ii) for complying with requirements under any regulations, laws or court orders.



Date &amp; Time:

2

(If driver is not the policyholder)

Date &amp; Time:

NRIC/FIN No.: S8340325Z



Reporting Centre Personnel's Signature

**SKETCH PLAN**

Sketch plan showing the location of the accident on a grid. The accident is marked with a circle labeled 'Newton' and 'S1000-150'. The location is near 'Newton Grove' and 'Scott Rd'. A north arrow points towards the top left. A scale bar indicates 100m. A small circle labeled '10' is also present.

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

REFER TO REPORT

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



[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	292D
Vehicle Details	
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:	\$0.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Rebate Amount:	\$0.00
<b>Total Rebate Amount:</b>	<b>\$0.00</b>

The information contained herein is correct as at 23 Aug 2019

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