

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	26/08/2019 16:48
Date Of Accident	23/08/2019 21:35
Exact Location Of Accident	JUNCTION OF BEDOK RESERVIOR RD & KAKI BUKIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS6326Y
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	CHUA HWA KUANG
NRIC No	S1580276F
Date Of Birth	20/12/1963
Occupation	OUTDOOR
Date Of Driving Pass	12/08/2016
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98888888
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	21 BULIM DRIVE SINGAPORE 648170
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

PLEASE REFER ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBH9038S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	ABDUL RAHMAT BIN MOHD NOR
NRIC/Passport Number	S9334897D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ABDUL RAHMAT BIN MOHD NOR
------	---------------------------

Approximate Age	26
Injuries Sustain	UNKNOWN
Injured person in which vehicle?	FBH9038S
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan



Statement Form

BC Name: CHUA HWA KUANG Date Taken: 24/08/2019
 BC No : 11138 Time Taken: 12:20hrs
 Nature of Incident: Road Traffic Accident
 Date of Incident: 23/08/2019 Time of Incident: 21:36hrs
 Service No: 66 Bus Reg No: SBS6326Y Duty No: P06

Details:

I BC 11138 SVC66 driving bus no. SBS 6326Y at 21:36hrs along
 Junction of Bedok Reservoir and Kibi Bukit Ave 1 towards Bedok
 while I turning right suddenly 1 motor bike dashed toward my bus
 and hit onto my bus. At this moment my bus had 10 pax inside. No pax
 injure. I radio BOLL to inform. I went down to check on rider if anything
 happen to him. He ok and declined medical assistance. Check my bus badly
 damage. Front bumper dislodge and right body scratches. Rider bike handle
 damage and exhaust scratches. As for BOLL advice me to transfer all pax to
 next bus and I will wait for tow-truck to tow my bus back to Bulim.

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

Chai Hwa Kuang 11138 [Signature] 24/08/2019
 BC Name & No. Signature Date & Time 12:20hrs

Statement Taken By:

Banta Singh 18
 Name Designation

Accident Sketch Plan

SKETCH PLAN

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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.

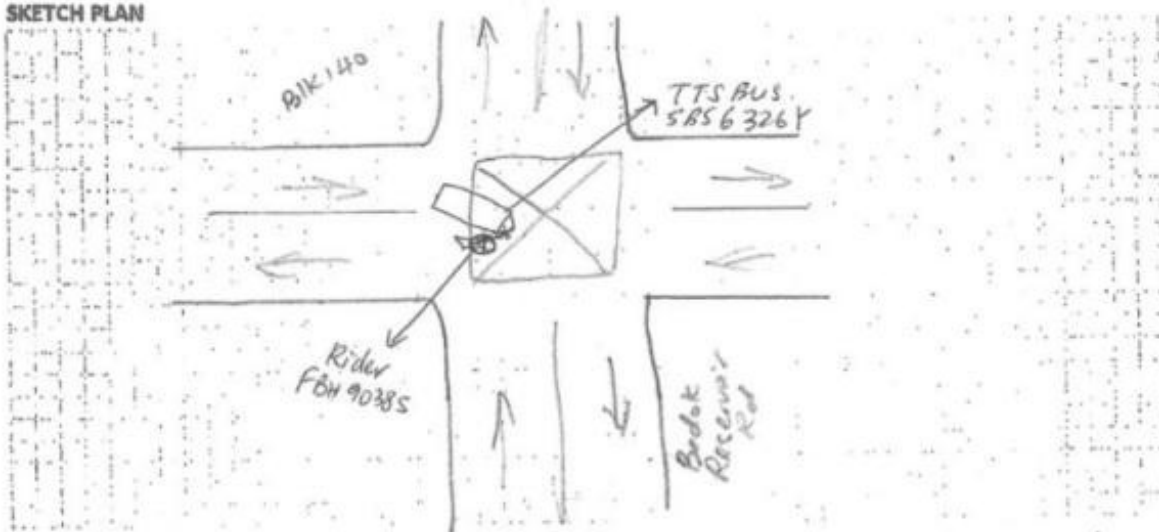
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I BL 11138 SUC 66 driving bus no. SBS 6326Y at 21:36 hrs along Junction of Bedok Reservoir and Kaki Bukit Ave 1 towards Bedok while I turning right suddenly 1 motor bike dashed toward my bus and hit onto my bus. At this moment my bus had 10 pax inside. No pax injure. I radio Bull to inform. I went down to check on rider if anything happen to him. He ok and declined medical assistance. Check my bus badly damage front bumper dislodge and right body scratches. Rider bike handle damage and exhaust scratches. As for Bull advice me to transfer all pax to next bus and I will wait for tow-truck to tow my bus back to Bulim.

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:
NRIC/FIN No.:

24/8/19
12:20hrs

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20190824/2044

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. T/20190824/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/08/2019 10:36		Vide Report No.:		Station Diary No.: 41	
Informant's Particulars					
Name of Informant: CHUA HWA KUANG			Address: APT BLK 166 BEDOK SOUTH AVENUE 3 #10-453 SINGAPORE 460166		
ID Type / ID No.: NRIC NO / S1580276F			Contact No.: Home/Office: Mobile: 9617 0742		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 20/12/1963	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 23/08/2019 21:30	Type of Location: X-Junction
Location: Along Road 1 BEDOK RESERVOIR ROAD				
YELLOW BOX IN CROSS JUNCTION BETWEEN BEDOK RESERVOIR ROAD AND KAKI BUKIT AVENUE 1, LOCATED IN FRONT OF ALKAFF MOSQUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH9038S	Motorcycle				Slightly Damaged	0
SBS6326Y	Bus/Coach/Minibus				Slightly Damaged	10

Details of Person Involved

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

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20190824/2044

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20190824/2044

CONTINUATION OF REPORT

Rider			
Name	ABDUL RAHMAT BIN MOHD NOR		ID No. S9334897D
Related Vehicle	FBH9038S (Motorcycle)		Contact No. 9384 6155
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHUA HWA KUANG		ID No. S1580276F
Related Vehicle	SBS6326Y (Bus/Coach/Minibus)		Contact No. 9617 0742
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 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 23 August 2019 at about 9.30pm, I was driving the Bus service 66 Tower Transit Singapore (Registration plate no: SBS 6326Y) along Bedok Reservoir Road when my vehicle came to a stop at the traffic light junction. My bus was on the left side of the two lane road and when the traffic light turned green, I made a right turn towards Bedok Reservoir Road. I wish to state that vehicles in my lane were able to move in three directions; turning left leading into Kaki Bukit Avenue 1, going straight which leads to Kaki Bukit Road 4 and turning right into Bedok Reservoir Road, while vehicles on the right lane is only able to make a right turn into Bedok Reservoir Road.

As my bus was turning in the yellow box in the cross junction, my vehicle was hit on its side and the front of the bus. I stopped the bus to make a check and discovered that the bus had been hit by a motorcycle (Registration plate no: FBH 9038S). I wish to state that I am unsure if the motorcyclist had gone straight or was making a right turn. I was informed by the motorcyclist that he was not injured and did not require medical attention. I managed to get his particulars and discovered that the motorcycle was slightly damaged on its handle and the side of the motorcycle. After exchanging particulars and mobile numbers with the motorcyclist, he rode off. I reported the incident to my company and the bus was subsequently towed. I wish to state that there was no police and no ambulance at scene, and that no government property was damaged and no foreign vehicles involved.

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20190824/2044

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 3

Report No. T/20190824/2044

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:

G /

Staff Sgt TRAVINDER JIT SINGH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/08/2019 10:36

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No: 65476151

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

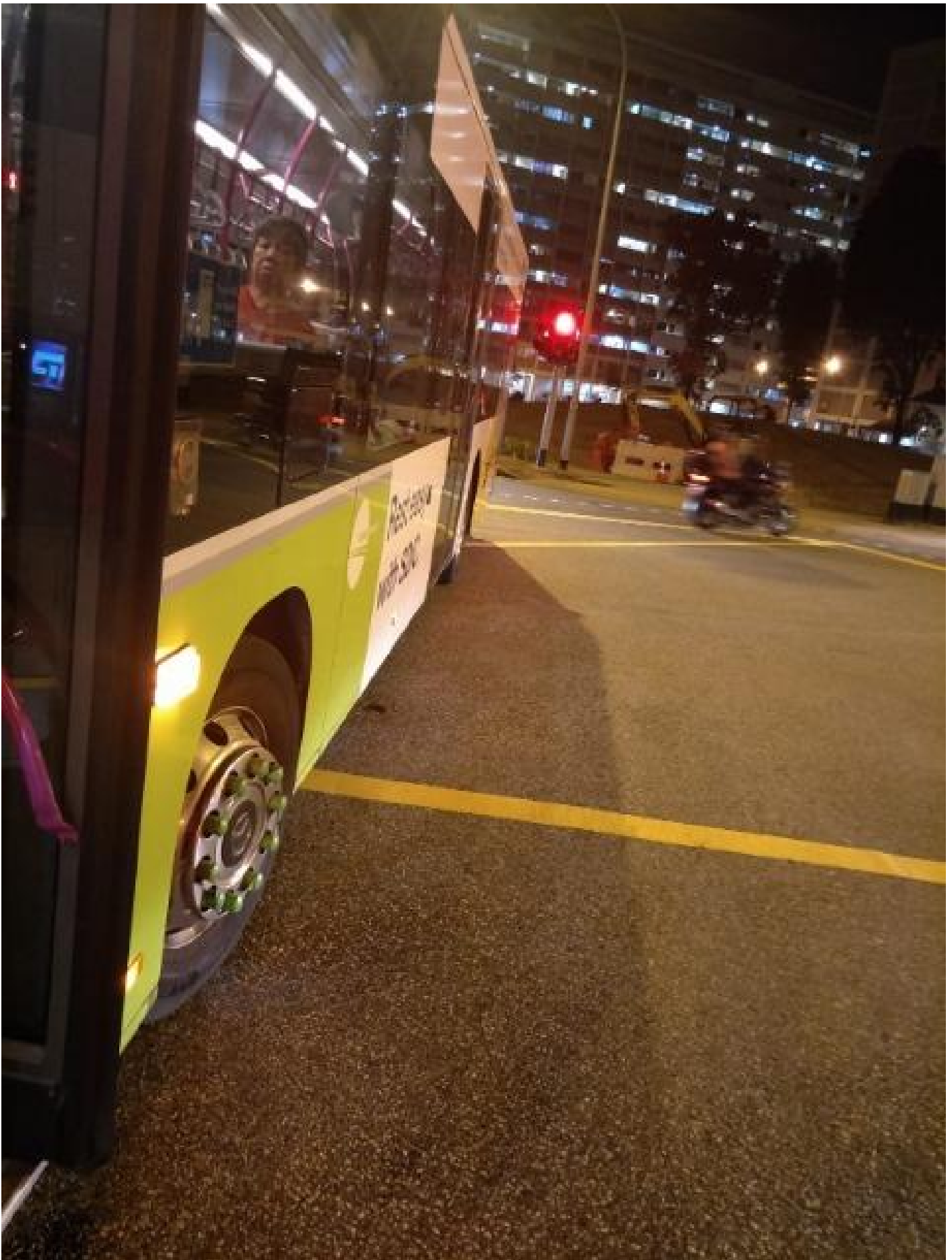
Accident Photo



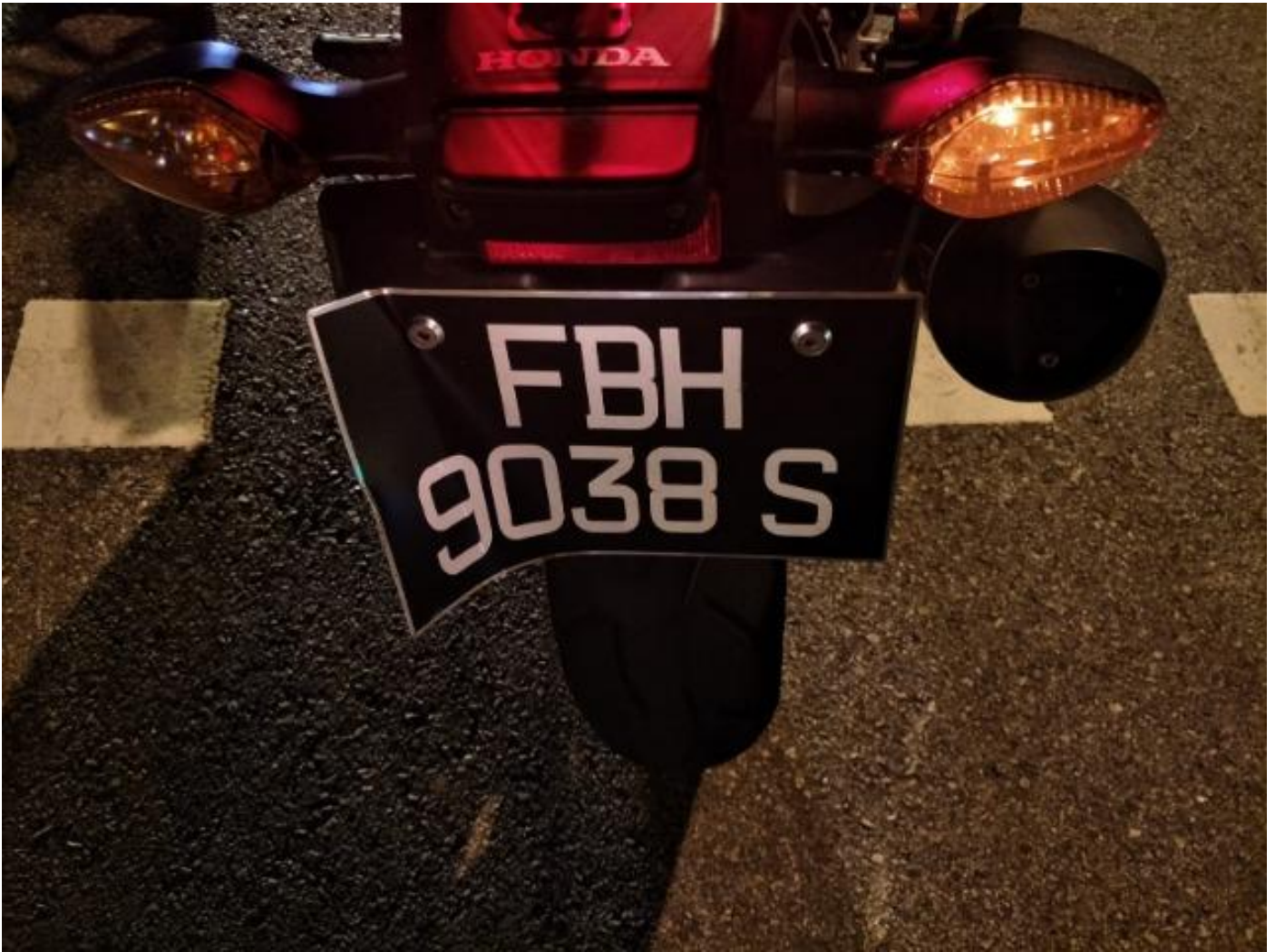
Accident Photo



Accident Photo



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