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claim MSFCIL

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	02/09/2019 16:33
Date Of Accident	30/08/2019 20:20
Exact Location Of Accident	TOH GUAN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS3343S
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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	VOLVO
Model	B9TL-9.4 D AUTO 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	THIRD PARTY
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	MOHD FARID BIN MOHD HASLAM
Passport No/FIN	G2546673Q
Date Of Birth	15/08/1985
Occupation	OUTDOOR
Date Of Driving Pass	25/08/2018
Driving Experience	1 YEAR 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?	NO
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	SHB2136Z
Vehicle Make/Model/Colour	HYUNDAI - CITY CAB
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LAI POH CHAN
NRIC/Passport Number	S0234440H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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.

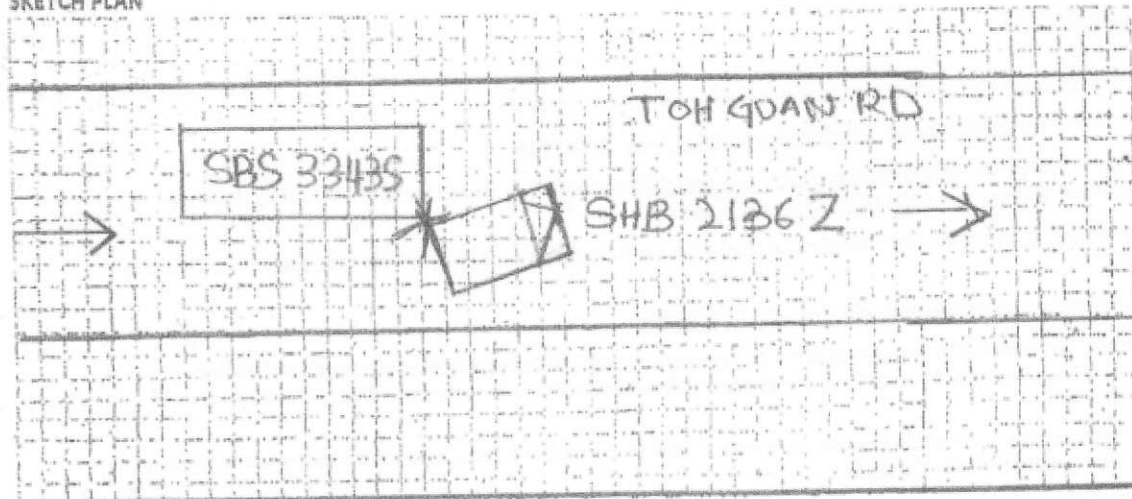
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 30/08/19 21:16 hrs

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 30/8/19 at about 20.20 hrs. I BC13648 ON SERVIS 41502
 WAS DRIVING TTS BUS SBS 3343S MY DIRECTION ^{TOWARDS} ~~was~~ ^{TOWARDS} JUAHONG EAST
 ENT 15 PASSENGER ON MY BUS WHILE I WAS ^{DRIVING} ~~PAVING~~ ^{DRIVING} along at
 TOH GUAN ROAD I WAS ON EXTREME LEFT LANE SUDDENLY
 A COMFORT DELGRO TAXI ^{SHB2136Z} FROM MY RIGHT LANE CUT INTO MY PATH
 and HAD A SIDE SWIPPED INTO MY FRONT RIGHT HAND SIDE BUMPER
 I STOP MY BUS RAPIDLY and EXCHANGE PARTICULARS. AFTER THE
 INCIDENT I REPORTING TO BOCC INSTRUCTED ME TO CONTINUE MY
 SERVIS and MAKE STATEMENT AFTER DUTY. MY BUS DAMAGE ON RIGHT
 FRONT BUMPER SCRATCHES and TAXI DAMAGE ON REAR LEFT SIDE
 BUMPER SCRATCHES

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: 30/8/19 21.16 hrs

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

Sketch Plan #3



Statement Form

BC Name: MR SHD FARID BIN MOHD HASLAM Date Taken: 30/8/19
 BC No: 12648 Time Taken: 21.00 pm
 Nature of Incident: SIDE SWIPE WITH TAXI
 Date of Incident: 30/8/19 Time of Incident: 20.20 pm
 Service No: 41 Bus Reg No: SBS 3343 S Duty No: 041502

Details:

ON 30/8/19 at about 20.20 hrs. I BC12648 ON SERVICE 41502
 WAS DRIVING TTS BUS SBS 3343S MY DIRECTION ^{TOWARDS} ~~WAS~~ JALAN EAST
 ENT 15 PASSENGER ON MY BUS WHILE I WAS ^{DRIVING} ~~DRIVING~~ ALONG AT
 JOH GUAN ROAD I WAS ON EXTREME LEFT LANE SUDDENLY
 A COMFORT DELGRO TAXI ^{SUBJICZ} FROM MY RIGHT LANE CUT INTO MY PATH
 AND HAD A SIDE SWIPPED INTO MY FRONT RIGHT HAND SIDE BUMPER
 I STOP MY BUS SAFELY AND EXCHANGE PARTICULARS AFTER THE
 INCIDENT I REPORTING TO BOCC INSTRUCTED ME TO CONTINUE MY
 SERVICE AND MAKE STATEMENT AFTER DUTY. MY BUS DAMAGE ON RIGHT
 FRONT BUMPER SCRATCHES AND TAXI DAMAGE ON REAR LEFT SIDE
 BUMPER SCRATCHES

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

MOHD FARID BIN MOHD HASLAM

BC Name & No.

Signature

30/8/19 21.16pm

Date & Time

Statement Taken By:

MOHD FARID

Name

IS

Designation