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

Date Of Accident 23/12/2019 07:50 Exact Location Of Accident BUKIT PANJANG ROAD (AFTER BS:44259-BLK 183) Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SG5774E Insured/Policyholder Name Of Registered Owner SMRT BUSES LTD CO Reg No 1XXXXX292D Email Address NOEMAIL Mobile Phone No OFFICE-80000000 Vehicle Particulars Manufacturer MAN MAN Model MAN A95 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? If No, Please state action to be taken THIRD PARTY Vehicle Category BUS Insurance Company Name of Insurance Company Name of Insurance Company Fleet Policy YES Policy Number D-19093203MFBP Cover Note Number Driver Name of Driver LIM CYE KIOSK NRIC No SXXXX401D Date Of Birth O 23/11/1972 Occupation Number OUTDOOR	STATE OF THE RESIDENCE OF THE PARTY OF THE P	ACCIDENT STATEMENT
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Gender MALE Mobile Number (LOCAL) +65-80000000 Fax Number Contact Number	Date Of Driving Pass	23/03/1995
Mobile Number (LOCAL) +65-80000000 Fax Number Contact Number	Driving Experience	24 YEARS AND 9 MONTHS
Fax Number Contact Number	Gender	MALE
Contact Number	Mobile Number	(LOCAL) +65-80000000
	Fax Number	
EMail Address NOEMAIL	Contact Number	
	EMail 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 COLLISION - HEAD TO REAR Weather Conditions CLEAR Road Surface DRY Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 45 **Details of Police Action** Was the accident reported to the police? YES If Yes, Please state which Police Station Police Station Name JURONG WEST NPC ROAD: 700 CORPORATION ROAD, POSTCODE: 649818, COUNTRY: Police Station Address SINGAPORE Police Station Contact TEL NO: - FAX NO: Was notice of intended Prosecution given? NO If Yes, against whom? Circumstances of Accident Police Report No. T/20191223/2125 On the 23/12/2019 at about 0750hrs, I was driving in the vehicle, SG5774E along Bukit Panjang Road. Subsequently, I came to a stop at the cross junction. The traffic was congested. Suddenly, I heard a collision at the rear of my vehicle and discovered that there a motorcycle at the rear by the side mirror. When I about to alight from the bus, the traffic turns green and the motorcycle rode off. I moved off to the upcoming bus stop to check on the damage and discovered that the left tail light was cracked. No presence of Traffic Police and Ambulance . No one was injured. Attachment(s) Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT Was there any video captured by Car Camera? YES PENDING DOWNLOAD Remarks/ Reasons: Was there any audio recorded? NO DETAILS OF OTHER VEHICLE PROPERTY 1 FBL2843J Vehicle Registration Number Vehicle Make/Model/Colour **Details Of Properties** Vehicle Category MOTORCYCLE Name of Driver NRIC/Passport Number Contact Number

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

EQ INSURANCE COMPANY LTD

SKETCH PLAN

IMPORTANT NOTICE

- 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 true hful 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
- 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
- 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 insure (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
- 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.
- 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.

Policyh older' Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel

Name

NRIC/FIN No .:

SKETCH PLAN			
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ECLARATION		SERVIC	CES
We declare the foregoing particular	s are true in every respect.	(2)	12
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Date & Time:

NRIC/FIN No.:





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPOR

1 of 3 Report No. T/20191223/2125

Date/Time Re			100	Dancella			
23/12/2019 17:43			Vide	Report No		Station Diary No.	
Informant's F	Particu	lars					
Name of Informant: LIM CHYE KIOSK ID Type / ID No.: NRIC NO / S7245401D Nationality: SINGAPORE CITIZEN		APT	Address: APT BLK 443B BUKIT BATOK WEST AVENUE 8 #10-807 SINGAPORE 652443				
		Conta	act No.: e/Office:	Mobile: 97	97262700		
			Home/Office: Mobile: 97262709 Email:				
	ge:	Date of B rth: 23/11/1972	Type	of Informat	nt:		
Race: Chinese			Langu			nstitution /	School Name:
Occupation: BUS DRIVER		Drivin	Driving Licence Information: Class: 3,4,5 Date of Expire.				
General Inform	No	of the Accident n-Injury and Run	Class	3,4,5	Date/Time	Date of Exp	Type of Location
General Inform			Class	3,4,5			
General Inform Type of Accident: Location:	No	n-Injury	Class	3,4,5		of	
General Inform Type of Accident: Location: Along Road 1 BUKIT PANJAI	No Hit	n-Injury and Run	Class	Drink Drive:	Date/Time Accident:	of	Type of Location
General Inform Type of Accident: Location: Along Road 1 BUKIT PANJAI Fowards Teckw Weather: Cloudy	No Hit	n-Injury and Run	Class:	Drink Drive:	Date/Time Accident:	of 07:50	Type of Location
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T/20191223/2125

Police Station Of Origin: Jurong West N.P.C

Report No. T/20191223/2125

2 of 3

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999 CONTINUATION OF REPORT

Driver						
Name	LIM CHYE KIOSK			ID No		S7245401D
Related Vehicle	SG5774E (Car)			Conta	ct No.	97262709
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL Date Disc		charge	NIL		
No. of Days granted Medical Leave NIL			Degree o	f Injury	NIL	

Brief Details.

On the 23/12/2019 at about 0750hrs, I was driving in the vehicle, SG5774E along Bukit Panjang Road. Subsequently, I came to a stop at the cross junction. The traffic was congested. Suddenly, I heard a collision at the rear of my vehicle and discovered that there a motorcycle at the rear by the side mirror. When I about to alight from the bus, the traffic turns green and the motorcycle rode off.

I moved off to the upcoming bus stop to check on the damage and discovered that the left tail light was cracked. No presence of Traffic Police and Ambulance . No one was injured.





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SI

3 of 3 Report No. T/20191223/2125

700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

CONTINUATION OF REPORT

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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: J / Sgt 1 LIM JUNJIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/12/2019 17:43
Officer In Charge Of Case: TP / HRT / Insp GOH GEOK LYE Contact No.: 65476148 Authentication Stamp	Classification Of Case:
Signature: Singapore Police Force	