

## 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	27/12/2019 09:00
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
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	1XXXXX292D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000

### Vehicle Particulars

Manufacturer	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?	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	LIM CHYE KIOSK
NRIC No	SXXXXX401D
Date Of Birth	23/11/1972
Occupation	OUTDOOR
Date Of Driving Pass	23/03/1995
Driving Experience	24 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
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) 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)	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
Police Station Address	<b>ROAD:</b> 700 CORPORATION ROAD , <b>POSTCODE:</b> 649818 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
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
Remarks/ Reasons:	PENDING DOWNLOAD
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBL2843J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

EQ INSURANCE COMPANY LTD

Nature Of Damage

No. Of Passenger (Including Driver)



SG 574E  
 parc-45  
 Bus/12/19/5039

**SKETCH PLAN**

**IMPORTANT NOTICE**


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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:

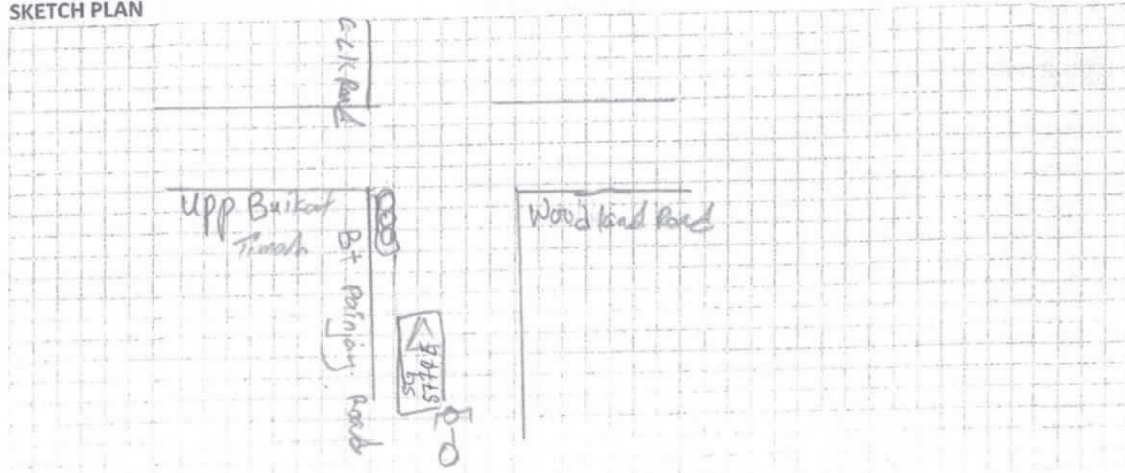
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all 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
- (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.:

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

Living

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



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

## Sketch Plan Pg. 3



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999



T/20191223/2125

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Report No. T/20191223/2125

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/12/2019 17:43		Vide Report No.:		Station Diary No.: 183	
<b>Informant's Particulars</b>					
Name of Informant: LIM CHYE KIOSK		Address: APT BLK 443B BUKIT BATOK WEST AVENUE 8 #10-807 SINGAPORE 652443			
ID Type / ID No.: NRIC NO / S7245401D		Contact No.: Home/Office: Mobile: 97262709			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 47	Date of Birth: 23/11/1972	Type of Informant: Driver		
Race: Chinese		Language:		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 Hit and Run	Drink Drive: No	Date/Time of Accident: 23/12/2019 07:50	Type of Location: X-Junction
Location: Along Road 1 BUKIT PANJANG ROAD				
Towards Teckwhyte				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SG5774E	Car	MAN	A95	Multi-Colored	Slightly Damaged	0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20191223/2125

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Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20191223/2125

**CONTINUATION OF REPORT**

Driver			
Name	LIM CHYE KIOSK	ID No.	S7245401D
Related Vehicle	SG5774E (Car)	Contact No.	97262709
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 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.



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T/20191223/2125

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Report No. T/20191223/2125

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:  
J /  
Sgt 1 LIM JUNJIE

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
Insp GOH GEOK LYE  
Contact No.: 65476148

Authentication Stamp  
NP168

Signature :

**Singapore Police Force**

SN 126

Signature Of Informant:

Date/Time:  
23/12/2019 17:43

Classification Of Case: