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 <u>truthful and accurate</u> 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 aforesaid

Date Of Accident 15/09/2020 17:20 Exact Location Of Accident HILLVIEW AVENUE - THE PETALS CONDO Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Wehicle Registration Number SMB3043S Insured/Policyholder Name Of Registered Owner TOWER TRANSIT SINGAPORE PTE LTD CO Reg No 2XXXXX417K Mobile Phone No Mobile Phone No OFFICE-62480987 Vehicle Particulars Manufacturer MAN Model NL320F (A22)-10.5 D ABS TURBO (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? If No, Please state action to be taken THIRD PARTY Vehicle Category BUS Insurance Company Name of Insurance Company Name of Insurance Company Name of Insurance Company NESS COMPREHENSIVE Fleet Policy Policy Number D-19094584MFBP/4	aforesaid.	
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Fleet Policy YES Policy Number D-19094584MFBP/4	Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Policy Number D-19094584MFBP/4	Type Of Coverage	COMPREHENSIVE
·	Fleet Policy	YES
Cover Note Number	Policy Number	D-19094584MFBP/4
	Cover Note Number	

Driver

Name of Driver MUHAMMAD AIDIL BIN IDRIS

NRIC No SXXXX066J
Date Of Birth 09/09/1984
Occupation OUTDOOR
Date Of Driving Pass 26/02/2016

Driving Experience 4 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98888888

Fax Number
Contact Number

EMail Address NOEMAIL

21 BULIM DRIVE SINGAPORE 648170 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 - MAJOR/MINOR RD**

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

NO

Was any injured conveyed to hospital by ambulance?

Was any body injured in the Accident?

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

NO Was the accident reported to the police?

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?

NO

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number EL202L Vehicle Make/Model/Colour **TOYOTA**

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver NG HOCK THEOW

NRIC/Passport Number SXXXX767D

Contact Number

Address

Postcode

Insurance Company Name

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)



Statement Form

BC Name: MO MOIL BIN 10R.	2 Date Taker	15/09/20
BC No : 10074	Time Taken	2125 HRS.
Nature of Incident: _ HEAD TO P	GAR TRAFFIC ACCI	BENT:
Date of Incident: 15 109 100	Time of Inci	ident: 1715 mes)
Service No: 133 Bus	s Reg No: 3MB 3548 S	Duty No:
AT AROUND 1715hrs. I was	SOLVES DAILING S	TANTARY BUNG PANTARY
TO BUKIT BANC . I WAS	CHANGING LAND INS	106 048 40.013
AFTER EXITING FROM A BI	as sale of occur	ine decom see
ANE DWARDS BUEIT ADDER	SAPE PEINES	CONTO MICHALEN
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BY A CAR (EL DOD L) TO	HAT FAIL ID STOP	AT THE STOP LINE
AFTER HE EXITED FROM	OAOS JJAME A 1	(HILLVIEW TERPACE).
AS A RESULT DENT A	NO SCRATTCHES WEEK	PASS SHE DA CHUOS
RIGHT BODY OF MY BUS	S. NO PASSENDER	B' INDUCED.
confirmed that the above statement g	iven by me is correct to the b	est of my knowledge
	Jt.	or my knowledge.
PROOF EISOL OUR SIGH O	MC	15/09/00 2125Hes
BC Name & No. atement Taken By:	Signature	Date & Time
ADD. DZIZ B. SHMAD		IS.
Name		Designation

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ETCH PLÂN	- Report
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	(3043)
E	ST. BOTOK ENG ADEZ HILL VIEW AVE.
-	185
ESCRIBE CIRCUMSTAN	CES OF THE ACCIDENT
_ [REF. 10 SPAJEMENT FORM -
	LET: 10 -(MEMEN) TORM
	A CONTRACTOR OF THE CONTRACTOR
	- Au
DECLARATION /We declare the foregoing	particulars are true in every respect.
	160
Policyholder's Signature Date & Time:	Driver's Signature Reporting Centre Personnel's Signature (If driver is not the policyholder) Name: Date & Time: NRIC/FIN No.:
	15/09/20 2135 HRS

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
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 interested parties.
- 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:
 - 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:
 - 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 Signiture
Date & Time:

lita

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

15/09/00

834 261B

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















