

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	07/10/2020 15:15
Date Of Accident	06/10/2020 09:10
Exact Location Of Accident	TEBAN GARDENS ROAD TWDS JURONG EAST INTERCHANGE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS6395Y
Insured/Policyholder	
Name Of Registered Owner	TOWER TRANSIT SINGAPORE PTE LTD
Co Reg No	2XXXXX417K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62480987

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CITARO O530-6.4 D 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	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-19094584MFBP/4
Cover Note Number	

Driver

Name of Driver	LIM POH WAT
NRIC No	SXXXX939G
Date Of Birth	24/07/1958
Occupation	OUTDOOR
Date Of Driving Pass	20/04/2016
Driving Experience	4 YEARS AND 5 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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	NANYANG NPC
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	YP4279G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	ERGO INSURANCE PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20201006/2059

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3

Report No. T/20201006/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/10/2020 13:48	Vide Report No.: D/20201006/0029	Station Diary No.: 76
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Informant's Particulars

Name of Informant: LIM POH WAT			Address: APT BLK 678C JURONG WEST STREET 64 #11-329 SINGAPORE 643678		
ID Type / ID No.: NRIC NO / S1321939G			Contact No.: Home/Office: Mobile: 98488161		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 24/07/1958	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 Attended by Police	Drink Drive: No	Date/Time of Accident: 06/10/2020 09:15	Type of Location: Straight Road
Location: TEBAN GARDENS ROAD				
Lamp Post Number: 32				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Pedestrian Crossing	Traffic Volume: Light	
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
SBS6395Y	Bus/Coach/Minibus	MERCEDES BENZ	CITARO O530 6.4L AT TURBO ABS	Multi-Colored	Slightly Damaged	7

Details of Person Involved

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

Accident Sketch Plan



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2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20201006/2059

CONTINUATION OF REPORT

Driver			
Name	LIM POH WAT	ID No.	S1321939G
Related Vehicle	SBS6395Y (Bus/Coach/Minibus)	Contact No.	98488161
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4A,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 06/10/2020 at 0915hrs, I was driving my bus bearing registration number (SBS6395Y) along Teban Gardens Road. As I was approaching the pedestrian crossing between lamp post number 32 and 34, I slowly brake to a stop as there were pedestrian crossing the road. Subsequently, I drove off to the bus stop no. 20231 to alight my passengers in my bus after the road was clear. While I was dropping off the passengers, one member of public informed me that my rear right brake light was damaged. He informed that one white colour lorry with unknown vehicle number had hit my bus. Therefore, I called my company, Tower Transit Singapore, and subsequently the called for Police. Traffic Police was at the incident location.

I would like to state that this is the first time such incident happened to me and I do not have any suspect in mind. My passengers and I are not injured. I did not notice nor realise that I got hit as it was a slight bang. My bus have in-vehicle camera and the video footages will be forwarded to the Police:

Vide report no. D/20201006/0029.

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20201006/2059

Police Station Of Origin:
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2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20201006/2059

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 2 AHMAD SUFYAN BIN AMRAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMED FEROUZ BIN HUSSEIN

Contact No.: 65476206

Signature Of Informant:

Date/Time:

06/10/2020 13:48

Classification Of Case:

Authentication Stamp
NP156

SIGNATURE

Accident Sketch Plan



Statement Form

BC Name : Lim Poh Wat Date Taken : 06 Oct 2020
 BC No : BC 10105 Time Taken : 12:30 hrs
 Nature of Incident : Toban Gdns Rd, pedestrian crossing
 Date of Incident : 06/10/2020 Time of Incident : 09:09 hrs
 Service No : 143 Bus Reg No : SBS 6395Y Duty No : 143502

Details :

I BC 10150, on 6 Oct 2020, I was on duty 143502, Bus No: SBS 6395Y, Location at Toban garden toward to Jurong East Interchange. While slow down at pedestrian crossing, suddenly right side end body a lorry sideswipped my right signal light, then cracked. Then the lorry never stops and drive away, I inform BOCC and take pictures of the damage send BOCC and resume duty.

Police arrived at 09:42 hrs.

No injuries..

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

LIM POH WAT 10150
BC Name & No.

[Signature]
Signature

6/10/2020 09:15hrs
Date & Time

Statement Taken By:

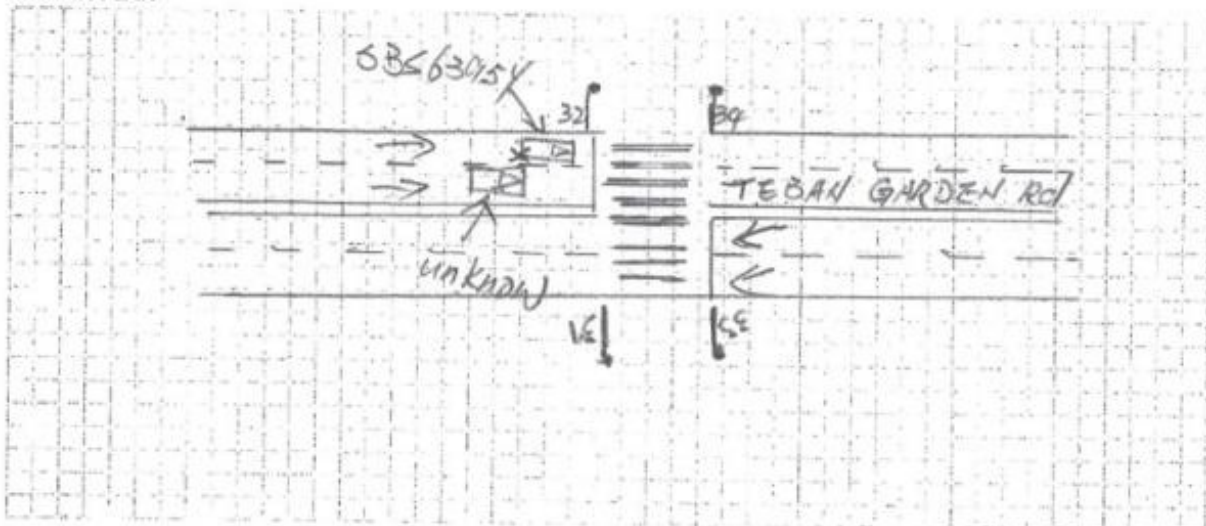
Lip Cheong
Name

IS
Designation

[Signature]
Signature

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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.:

Accident 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: 6/10/2020 09:15 hrs.

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

Accident Sketch Plan

TRAFFIC INVESTIGATION BRANCH
TRAFFIC POLICE
18 UBI AVENUE 3
SINGAPORE 408023
Fax: 68474749

CASE CARD

REPORT NO.: D/20221026/000209

Traffic Accident along Sengkang Expressway

Involving vehicle 1A bus, 1A lorry

at 6-10/2-10 at about 08:00pm

With reference to the above, you are advised to lodge an accident report online via the SPV Electronic Police Centre website (<http://www.spv.gov.sg/epc>) within 24 hours.

You are required to be present at Traffic Police on _____
at about _____ unless to see the Investigation Officer to assist in the investigation
to the traffic accident.

3. Please bring along your:-

- a) Identity card/Passport/Work Permit
- b) Driving License/International License
- c) Vehicle Insurance/Motorist Certificate
- d) Any other relevant documents/Witnesses (if any)

3. If you are unable to keep to the appointment, kindly contact the Investigation Officer.

Name: JOE

Contact: 68476185

Alternate contact: _____


(BCC: 65-0630)

Email: SPV_TP_Invest_Reporting@pol.gov.sg

Accident Photo



Accident Photo

 **TRAFFIC INVESTIGATION BRANCH**
TRAFFIC POLICE
10 UBI AVENUE 3
SINGAPORE 408865
Fax: 65474749

CASE CAR

REPORT NO. : D/20221006/0029

Traffic Accident along Seban Gardens

involving vehicles: 1x bus, 1x lorry

on 6-12-2020 at about _____ am/pm.

With reference to the above, you are advised to lodge an accident report online via
SPF Electronic Police Centre website (<http://www.police.gov.sg/epc>) within 24 hours.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS00206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: _____
Name(as shown in NRIC) : **TOWER TRANSIT SINGAPORE PTE LTD** NRIC/FIN/Passport No : **201419417K**
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : **21 Bulim Drive, Bulim Bus Depot** Singapore(**648170**)
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : _____ Time of Accident : _____
Place of Accident : _____
Insurance Company : **MS FIRST CAPITAL INSURANCE LTD**

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO ADD IN THIRD PARTY VEHICLE NO = YP4279G

YP4279G INSURED WITH ERGO INSURANCE PTE. LTD.

TO ADD CCTV FOOTAGE

Policyholder / Owner's Signature
Date: _____

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