

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	09/11/2020 16:13
Date Of Accident	07/11/2020 18:30
Exact Location Of Accident	JUNCTION OF OLD TAMPINES RD AND FLORA RD (BEFORE B
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS8416H
Insured/Policyholder	
Name Of Registered Owner	SBS TRANSIT LTD
Co Reg No	1XXXXXXXXXXTE01
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62444534

Vehicle Particulars

Manufacturer	SCANIA
Model	NA
Exact Purpose for which vehicle was being used at time of accident	TRANSPORT
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	ACT
Fleet Policy	NO
Policy Number	D-20095429MFBP
Cover Note Number	

Driver

Name of Driver	HE MINGHAN
Passport No/FIN	GXXXX957N
Date Of Birth	14/01/1989
Occupation	OUTDOOR
Date Of Driving Pass	19/09/2017
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97542411
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	NOADDRESS
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	WET

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)	15

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

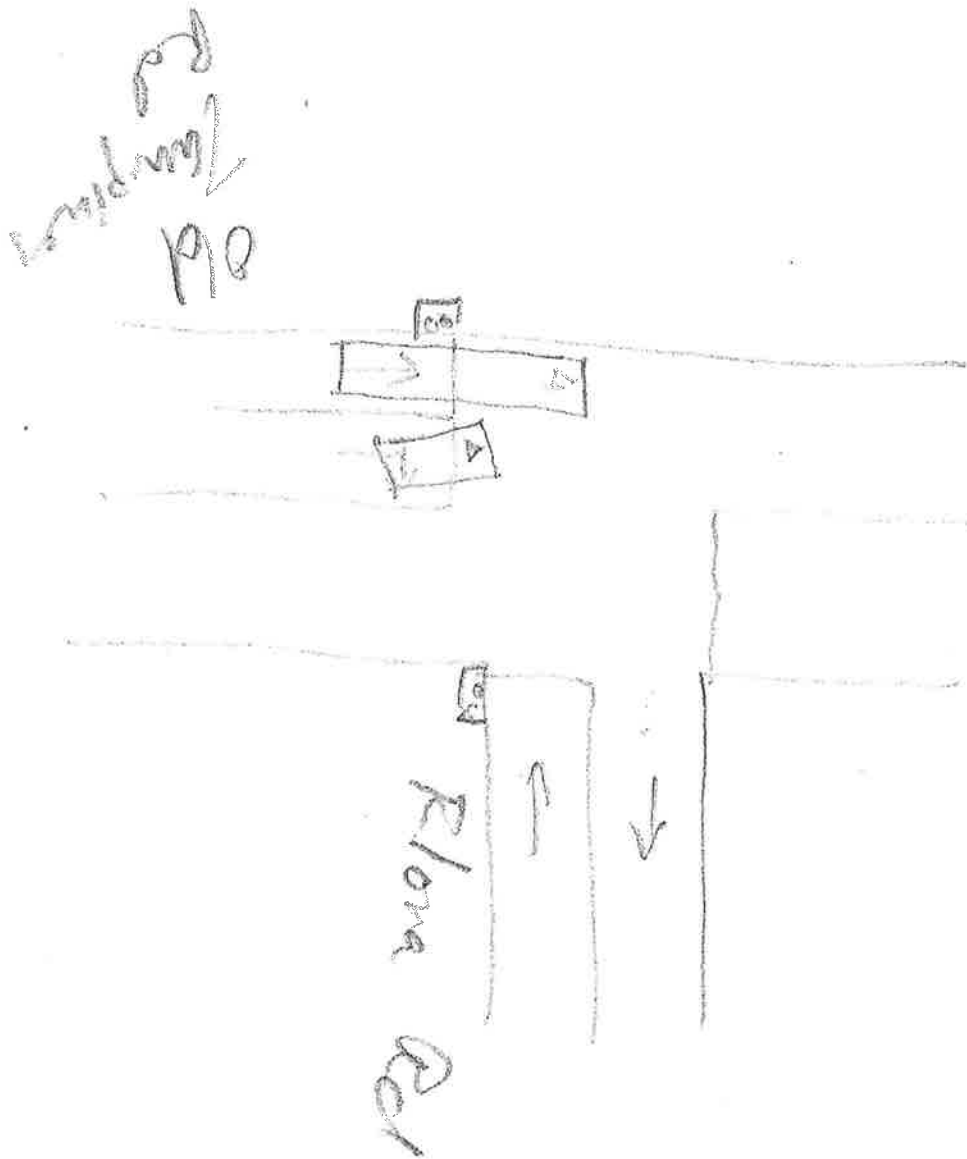
At TMI, when I was checking my bus, I noticed the damage. I recalled earlier on at the junction, I was going straight in the left lane & the unknown car was in the lane on my RHS. I had noticed the said car LHF was near to my bus RHR & the said car had momentarily stopped. Thus, I also stopped my bus. But the 3P moved off without alighting from its vehicle. I then also resumed my trip. I then thought the said car LH view mirror could have side swiped my bus offside. But at that time, I was not aware of the damage till I reached TMI. No injury. That's all.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMU 3093Y
Vehicle Make/Model/Colour	HIT & RUN CASE
Details Of Properties	LH VIEW MIRROR (POI)
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	



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 : MSB220099004 Vehicle Registration No: SRS416H
Name (as shown in NRIC) : - NRIC/FIN/Passport No : -
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : - Singapore()
Contact (Tel) : 62444534 Mobile No. : -
Email Address : -
Date of Accident : 7/11/2020 Time of Accident : 1830
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:

Insert 3P's vehicle Registration Number
SML 3093Y

Policyholder / Driver's Signature
Date: 10/12/2020

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