

## 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 Submission ..... 27/01/2021 14:38 (SGT)  
Date of Accident ..... 22/01/2021 10:10 (SGT)  
Exact Location of Accident ..... Esplanade Dr & Stamford Rd, Singapore  
Additional Location Information ..... ESPLANADE DRIVE ROAD AND STAMFORD ROAD JUNCTION  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SBS6572C

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SBS TRANSIT LTD  
Company Reg No ..... 1XXXXXXXXXXTE01  
Email Address ..... thammk@sbstransit.com.sg  
Mobile Phone No ..... (Phone) +65-63754198  
Alternative Phone No ..... (Office) +65-63754198

#### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... Citaro  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... Yes  
Vehicle Category ..... Bus

#### INSURANCE COMPANY

Name of Insurance Company ..... First Capital  
Type of Coverage ..... ActLiability  
Fleet Policy ..... No  
Policy Number ..... D-20095429MFBP  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... Chen Suzhen  
NRIC No ..... SXXXX096G  
Date Of Birth ..... 10/07/1962  
Occupation ..... Outdoor

|  |  |
|--|--|
| Date Of Driving Pass .....   | 19/06/1998   |
| Driving experience .....   | 22 YEARS AND 7 MONTHS                              |
| Gender .....   | Female   |
| Mobile Number .....  | (Phone) +65-97813490                               |
| Alt. Phone Number .....  | -  |
| Email Address .....  | thammk@sbstransit.com.sg                           |
| Address .....  | Blk 192A Rivervale Dr #10-930 Postal Code : 541192 |
| Address complement .....   | -  |
| Postcode .....   | -  |
| Is the driver the policyholder? .....                              | No   |
| If No, Relationship of the Driver with the Insured .....           | Employee   |
| Does Driver Own Other Vehicles? .....                              | No   |
| Vehicle Registration Number of Other Vehicle Owned by Driver ..... | -  |
| Insurance Company of Other Vehicle Owned by Driver .....           | -  |

#### GENERAL INFORMATION OF THE ACCIDENT

|                          |            |
|--------------------------|------------|
| Type of Accident .....   | Side Swipe |
| Weather Conditions ..... | Clear      |
| Road Surface .....       | Dry        |

#### OTHER INFORMATION

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident? .....   | No  |
| Number of vehicles involved in the accident .....   | 2   |
| Was anybody injured in the Accident? .....  | No  |
| Was any injured conveyed to hospital by ambulance? .....  | -   |
| Was any other material or property damaged? .....   | Yes |
| Number of Passengers (Including Driver) .....   | 3   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

#### PASSENGER 1

|              |         |
|--------------|---------|
| Name .....   | UNKNOWN |
| Gender ..... | Male    |

#### PASSENGER 2

|              |         |
|--------------|---------|
| Name .....   | UNKNOWN |
| Gender ..... | Female  |

#### DETAILS OF POLICE ACTION

|   |    |
|---|----|
| Was the accident reported to the police? .....  | No |
| Was notice of intended Prosecution given? ..... | No |
| If yes, against whom? .....                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

My bus was stationary along Esplanade Drive road at the traffic junction with Stamford road. On my right lane behind, there was a car (SKL2520J) was changing into my lane. While doing so, the left front of the car side swipe the right rear body of my bus. 3P said sorry to me. No injury. That 's all.

#### ATTACHMENT(S)

|   |    |
|---|----|
| Are accident photos available for attachment? ..... | No |
| Was there any video captured by Car Camera? .....   | No |
| Was there any audio recorded? .....                 | No |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SKL2520J |
| Vehicle Manufacturer .....        | -        |

|   |                      |
|---|----------------------|
| Vehicle Model .....                           | -                    |
| Vehicle Variant .....                         | -                    |
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Private car          |
| Name of Driver .....                          | LI ANG               |
| Contact Number .....                          | (Phone) +65-96686566 |
| Address .....                                 | -                    |
| Address complement .....                      | -                    |
| Postcode .....                                | -                    |
| Insurance Company Name .....                  | -                    |
| Nature Of Damage .....                        | -                    |
| Details of property damaged in accident ..... | LEFT FRONT DMG       |
| No. Of Passenger (Including Driver) .....     | -                    |

### Sketch Plan

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 printed text on the paper.

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre  
Personnel