

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 29/01/2021 10:44 (SGT)
Date of Accident 22/01/2021 14:49 (SGT)
Exact Location of Accident Plaza Parkroyal, Singapore
Additional Location Information BEACH ROAD (BS: 01529 - Plaza Parkroyal)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMB10G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SMRT BUSES LTD
Company Reg No 1XXXXX292D
Email Address BARC@SMRT.COM.SG
Mobile Phone No (Phone) +65-68662672
Alternative Phone No (Office) +65-68662672

VEHICLE PARTICULARS

Manufacturer Mercedes
Model OC500
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? No - Claiming third party
Vehicle Category Bus

INSURANCE COMPANY

Name of Insurance Company First Capital
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number D-20095488MFBP
Cover Note Number -

DRIVER

Name of Driver Teyu Soin Boon
NRIC No SXXXX818D
Date Of Birth 24/02/1968
Occupation Outdoor

Date Of Driving Pass	15/12/2005
Driving experience	15 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	BARC@SMRT.COM.SG
Address	6 ANG MO KIO STREET 62
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	Collision - Head to Rear
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

On 22/01/2021 at 1449 hrs, I was driving SMB10G, SVC 980. There were approximate 11 pax onboard. I was travelling approximate 20km/hr along Beach Road. As I approached BS: 01529, I proceed to apply brakes to slow down my vehicle as there were pedestrian that was flagging for my bus. As my vehicle came to a complete stop at the bus stop, I suddenly heard a thud sound. I engaged my handbrakes and checked and realized TP front vehicle had collided with my rear right bumper. There were no pax onboard injured. I called BOCC regarding this matter. BOCC requested me exchange particulars with TP before continue my revenue service back to Sembawang Bus Interchange.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA4342C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NGUYEN HONG PHUI
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-