

## 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 10:38 (SGT)  
Date of Accident ..... 24/01/2021 13:53 (SGT)  
Exact Location of Accident ..... Blk 872, Singapore  
Additional Location Information ..... W'lands Ave 9 before at BS: 46459 (Blk 872)  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMB5904U

#### 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 ..... Man  
Model ..... A95  
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 ..... Mohamed Tajudin S/O Abdul Kareem  
NRIC No ..... SXXXX002G  
Date Of Birth ..... 02/04/1960  
Occupation ..... Outdoor

Date Of Driving Pass .....	25/02/2004
Driving experience .....	16 YEARS AND 11 MONTHS
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 - Major/Minor Rd
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 24/01/2021 at around 1353hrs, I was travelling on the extreme left lane of 03 lanes along Woodlands Avenue 9 heading towards the direction of Woodlands Temp Bus Interchange on service 169. My bus speed was around 25-30km/hrs. While bus was approaching the bus stop, I noticed that there was an Entrance and Exit Road from the Shell Station and before the Entrance road there were vehicle queuing up for their turns to enter into the Shell Station so I decided to travel my bus along the middle lane. Bus was travelling along the middle overtaking all the queuing vehicle, when bus had drove passed approaching the Exit Road, I checked on my left side and noticed that it was cleared so I filtered my bus back to travel on the extreme left lane. When bus had completely travelled within the extreme left lane passing the Exit Road (less than half car length passed the Exit road) approaching my called bus stop. I heard a thud sound from the rear, upon hearing this, I immediately turned my head to check from both view mirror and noticed that there was a pte car collided onto the rear portion of my bus. When bus had completely stopped along the road side, I conducted checks for damage, while checking, I noticed that my bus LHS rear body had scratched marked while the third party car had its Front bumper dislodged and realized from the third party driver that it had exited out from the Exit road and collided onto my bus.

#### 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 .....	SLF700P
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	UNKNOWN
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	NTUC
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## SKETCH PLAN

SMB5904U

Bus 101/2/1039 (TP)

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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:

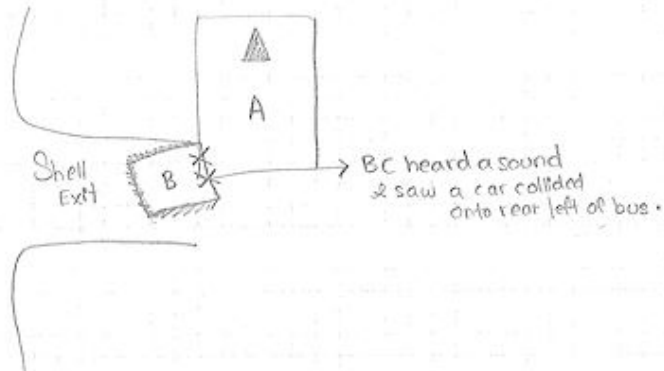
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

### SKETCH PLAN

A: SMB5904V  
B: SLF700P.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT [Woodlands Ave.]

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 other markings on the paper.

## DECLARATION

I/We declare the

ars 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.: \_\_\_\_\_