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 witholding 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.

- 4. The issue and acceptance 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 11:33 (SGT) Date of Accident 26/01/2021 12:04 (SGT) Exact Location of Accident 38 Kheam Hock Rd, Singapore 298808 Additional Location Information Lornie Highway (bef BS41161 - aft Kheam Hock Rd) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMB188C

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 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 Rus

INSURANCE COMPANY

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

DRIVER

Name of Driver Tan Kian Chye NRIC No SXXXX691C Date Of Birth 05/06/1957 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	11/10/1984 36 YEARS AND 3 MONTHS Male (Phone) +65-68662672 - BARC@SMRT.COM.SG 6 ANG MO KIO STREET 62 No Employee No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Major/Minor Rd Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
Interchange on service 855. My bus speed was around 45-50km/h noticed that there was a Non-signalized Exit Road on my left side a stopped at the give-way line so I continued to move on and pass the from slip road and collided onto my bus front left portion and in turn the grass patch. Upon seeing this, I immediately stopped my bus. I and when all were fine. I alighted from bus to conduct damage che claimed he was no injured (no visible injured). I conducted checks	ne slip road. As my bus was passing the slip road, a pte car exited oun, it continued to move on and hit onto the road kerb and landed onto When bus had completely stopped, I checked on my paxs onboard ecks and the third party driver, while checking, third party driver
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	No Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1

SLB3214C

Vehicle Registration Number

Vehicle Manufacturer
Vehicle Model
Vehicle Variant

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