

## 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 11:09 (SGT)  
Date of Accident ..... 22/01/2021 16:34 (SGT)  
Exact Location of Accident ..... Lutheran Twrs, Singapore  
Additional Location Information ..... Farrer Rd (Bef BS: 41111 - Lutheran Twrs)  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMB1425L

#### 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 ..... MAN A22  
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 ..... Mohd Hafez Bin Mohamed Akhir  
Passport No/FIN ..... GXXXX489P  
Date Of Birth ..... 14/10/1979  
Occupation ..... Outdoor

Date Of Driving Pass .....	26/09/2016
Driving experience .....	4 YEARS AND 4 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 22/01/2021 at 1634 hrs, I was driving SMB1425L, SVC 961. There were approximate 12 pax onboard. I was travelling at approximate 30km/hr along Farrer Road. As I proceed to travel straight along Farrer Road, I saw TP vehicle was stationary at the stop line at Lutheran Road. I proceed to make a lane change as there were pedestrian flagging for me at BS: 41111. As I almost complete my lane change, I suddenly heard a thud sound. I stopped my vehicle and checked and realized that TP right front vehicle collided with my left rear body. I would like to emphasize that TP was 2m away from the stop line when the accident happened. There were no pax onboard injured. I called BOCC regarding this matter. BOCC requested me to exchange particulars with TP before continue my revenue service back to WTBI before reporting this incident to my supervisor at WTBI.

#### 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 .....	SFA1778G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	NG KIA WHYE ADRIAN

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

## SKETCH PLAN

SMB1425L

BNC 01/21/7025 (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.:





**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**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 : SS1E211T0009 Vehicle Registration No: SMB1425L  
Name (as shown in NRIC) : SMRT BUSES LTD NRIC/FIN/Passport No : 198202292D  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : BARC@SMRT.COM.SG  
Date of Accident : 22.01.2021 Time of Accident : 16:34  
Place of Accident : Farver Rd bef BS 4111 - Lutheran Towers  
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:

Upload sketch

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\_\_\_\_\_

  
Policyholder / Driver's Signature  
Date:

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