

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	30/03/2021 08:30 (SGT)
Date of Accident	29/03/2021 12:23 (SGT)
Exact Location of Accident	Clementi Ave 6 - Opp Regent Pk, Singapore
Additional Location Information	Slip road of Clementi Ave 6 towards AYE (MCE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS6873J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SBS TRANSIT LTD
Company Reg No	1XXXXXXXXXXTE01
Email Address	seahhh@sbstransit.com.sg
Mobile Phone No	(Phone) +65-62444534
Alternative Phone No	(Office) +65-62444534

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
Transmission	Auto
CC	6374

INSURANCE COMPANY

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

DRIVER

Name of Driver	Chai Ah Thye
NRIC No	SXXXX057H

Date Of Birth	04/05/1950
Occupation	Outdoor
Date Of Driving Pass	05/08/1992
Driving experience	28 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84688304
Alt. Phone Number	-
Email Address	seahhh@sbstransit.com.sg
Address	12, Bedok North Drive
Address complement	Blk 113 Tampines St 11 #06-131 Postal Code : 521113
Postcode	Singapore 465492
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	Raining
Road Surface	Wet

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

When I stopped at the slip road, I felt an impact in my bus rear. I then found the private car SLF9706P front LHS had collided onto my bus rear RHS. OCC was informed & after exchanged details, I RTD back my bus to WS. 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	SLF9706P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Muhammad Shaqif Bin Ahmad
Contact Number	(Phone) +65-90072374
Address	-

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

