

# 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 .....	26/01/2021 08:13 (SGT)
Date of Accident .....	24/01/2021 06:48 (SGT)
Exact Location of Accident .....	Irwell Bank Rd & River Valley Rd, Singapore
Additional Location Information .....	Junction of Irwell Bank Rd & River Valley Rd, after b/s13159 20.1km toward HFI
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SBS3112S
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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 .....	Volvo
Model .....	B9tl
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

### INSURANCE COMPANY

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

### DRIVER

Name of Driver .....	Muhamad Isa Imran Bin Mahamad Nor
NRIC No .....	SXXXX992F
Date Of Birth .....	19/04/1983

Occupation .....	Outdoor
Date Of Driving Pass .....	15/05/2013
Driving experience .....	7 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91997312
Alt. Phone Number .....	-
Email Address .....	seahhh@sbstransit.com.sg
Address .....	512 Tampines Central 1
Address complement .....	Blk 721 Tampines St 71 #02-220 Postal Code : 520721
Postcode .....	520512
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 .....	Side Swipe
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) .....	11
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 2

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 3

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 4

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 5

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 6

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 7

Name .....	UNKNOWN
Gender .....	Female

#### 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

I was in the 4th lane Irwellbank Road turning right in the junction towards River Valley Road, I heard a honk. I then noticed the private car SCP9083G LHF had side swiped my bus RHR. As I took the said car plate no, the female Chinese new driver after obtained my bus details, she just drove off without giving her further details. OCC was informed & I was told to continue my service. 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 ..... SCP9083G  
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 ..... -  
Nature Of Damage ..... Front LHS body scratches  
Details of property damaged in accident ..... Front LHS body scratches  
No. Of Passenger (Including Driver) ..... -

