

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 01/03/2021 12:03 (SGT)
Date of Accident 23/02/2021 21:00 (SGT)
Exact Location of Accident 50 Kallang Rd, Singapore 208699
Additional Location Information junct Hornei Road
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBS8529R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SBS TRANSIT LTD
Company Reg No 1XXXXX653M
Email Address yeowr@sbstransit.com.sg
Mobile Phone No (Phone) +65-99999999
Alternative Phone No (Office) +65-68676266

VEHICLE PARTICULARS

Manufacturer Scania
Model KUB4X2
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 AFANDI BIN HUSSAIN
Passport No/FIN GXXXX372P
Date Of Birth 09/11/1991
Occupation Outdoor

Date Of Driving Pass	05/12/2014
Driving experience	6 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83474877
Alt. Phone Number	-
Email Address	yeowr@sbstransit.com.sg
Address	NO 2F JALAN ERIEK BESAR ZUBAIDAH
Address complement	-
Postcode	80100
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	21
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	Male

PASSENGER 3

Name	UNKNOWN
Gender	Female

PASSENGER 4

Name	UNKNOWN
Gender	Female

PASSENGER 5

Name	UNKNOWN
Gender	Female

PASSENGER 6

Name	UNKNOWN
Gender	Male

PASSENGER 7

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
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Police Station Name	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

On 23/02/2021 along Kallang Rd, aft paxs activities at b/bay (Lavender MRT), I turned right signal & then swerved to the right, aft that I was driving at the bus lane, bef came to the uncontrolled T-junct of Hornei Rd, a m/car SLT8576E was on my rightside 2nd left lane, suddenly cut into my path to make a left turned into said junct, on seeing to avoid, I applied brake twice to stop but did not stop then my bus front right corner hit onto said car the left ctr of both doors, due to this 1 onboard pax F/Ch aged 50+ who was standing onboard fell down, she was lying along front door area with her face facing upward, her daughter & with another pax both went to render first, I walked over to her & checked with her, I found she was injured on her left elbow,kneecap & behind her head, due to this I decided to call amb for her. Informed OCC to activate amb. Amb, MTI, TP arr at scene, aft the paramedic attending to the injured pax, subject refused to be convey by amb. Amb left then IO arr. So aft TP & IO had interview, IO told me to RTD to SLD due to my bus had damaged at the front right.

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	SLT8576E
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN CHIAH WAH
NRIC No	SXXXXX027A
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	LEFTSIDE BOTH DOOR DENTED WITH SCRATCHES
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WU SIYAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	51
Injuries Sustained	LEFT ELBOW,KNEEPCAP & BEHIND HEAD
Injured person in which vehicle?	SBS8529R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

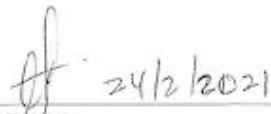
SKETCH PLANIMPORTANT NOTICE

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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.:

Ref to G. A

Policyholder's Signature _____
Date & Time: _____

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



**SINGAPORE
POLICE FORCE**



J/20210224/2062

1 of 2

POLICE REPORT (NP299)

Report No. J/20210224/2062

Police Station Of Origin
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

24 FEB 2021
4/08/27/2021
My CB

Date/Time Report Made 24/02/2021 15:06		Vide Report No.		Station Diary No. 62	
Name Of Informant MUHAMAD AFANDI BIN HUSSAIN		Address			
ID Type / ID No. FIN NO / G2538372P		Contact No. Home/Office		Mobile 83474877	
Nationality MALAYSIAN		Email Address			
Occupation Bus driver		Sex Male	Age 29	Date of Birth 09/11/1991	Race Malay
Institution/School Name		Language English			
Date/Time Of Incident 23/02/2021 21:00		Location Of Incident 50 KALLANG ROAD LAVENDER MRT STATION SINGAPORE 208699			

Brief details.

On the above mentioned date, time and location, I was driving the SBS transit bus bearing the plate number SBS8529R along Kallang Road. I stopped at Lavender MRT to dropped off and picked up passengers. After picking up passengers, I made a signal intending to go to the right. As I was driving towards the right side, a car bearing the plate number SLT8576E decided to overtake me. I was shocked and did not manage to stop causing me to hit onto the car. After hitting onto the car, a passenger fell. I made a check on her to ensure that she was okay. Subsequently, I called the police and the ambulance. Once they have arrived, they took both our particulars. I took the driver's particulars and left. I am lodging

Signature Of Officer Recording The Report: J / SC2 MUHAMMAD NUR HAKIM BIN SABIRIN		Signature Of Informant: 	
Signature Of Interpreter: Not applicable		Date/Time: 24/02/2021 15:06	
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / Sr Staff Sgt RYAN DANIAL RAFIUDDIN Contact No.:		Classification Of Case:	
Authentication Stamp 		SIGNATURE 	

**SINGAPORE
POLICE FORCE**

J/20210224/2062

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20210224/2062

this report for company record.

Signature Of Officer Recording The Report: J / SC2 MUHAMMAD NUR HAKIM BIN SABIRIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/02/2021 15:06
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / Sr Staff Sgt RYAN DANIAL RAFIUDDIN Contact No.:	Classification Of Case:
Authentication Stamp SIGNATURE 	