

## 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	03/03/2021 14:47 (SGT)
Date of Accident	28/02/2021 19:55 (SGT)
Exact Location of Accident	Choa Chu Kang Ave 4 & Choa Chu Kang Dr, Singapore
Additional Location Information	BEFORE JUNCTION OF CHOA CHU KANG AVENUE 4 AND CHOA CHU KANG DR
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB1477L
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 NL320F(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	MA WEI
Passport No/FIN	GXXXX146W
Date Of Birth	20/12/1978

Occupation	Outdoor
Date Of Driving Pass	04/02/2020
Driving experience	1 YEAR
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	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)	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 28/02/2021 at 1955hrs, I was travelling on the 2nd left lane of 04 lanes along Choa Chu Kang Drive heading toward the direction of Bukit Panjang Bus Interchange on service 975, SMB1477L. My bus speed was around 15-20km/hrs. While bus travelling straight within lane and approaching the signalized cross junction of CK Avenue 4, the traffic light was showing red in color so I stopped my bus at the stop line and waited. While waiting to around (unable to recall), I heard a thud sound from the center right rear portion of my stationary bus. Upon hearing this, I immediately turned my head to check from the right view mirror and saw a motorcycle fall onto my bus right rear center body portion of my bus. Upon seeing that, I immediately alighted from bus to conduct checks on the third party rider. While checking the third party rider did not injured and its motorcycle had no damage at all while my bus Right center body dented. My bus was stationary waiting for traffic light to show green at the point of accident.

#### 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	FBP9320J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Motorcycle
Name of Driver	ABDUL KARIM BIN NORZAIMAN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	ABDUL KARIM BIN NORZAIMAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBP9320J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

#### WITNESS DETAILS

##### WITNESS 1

Name	MS KIM
Phone	-
Email	-

##### WITNESS 2

Name	MR PARKARAR
Phone	-
Email	-



## SKETCH PLAN

SMR 1477 L

Pas/02/01/5036

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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 regulation, laws or court orders;



Policyholder's Signature  
Date & Time:

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Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

### SKETCH PLAN

A = 2000  
2.11.92

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe circumstances:

## DECLARATION

$$f: \mathbb{R}^n \rightarrow \mathbb{R}^m, \quad f(x) = \begin{pmatrix} x_1^2 + x_2^2 \\ x_1^2 - x_2^2 \end{pmatrix}$$

doi:10.1017/S0022292410000577

$$\begin{aligned} \mathcal{F}(\mathbf{x}) &= \mathcal{F}(\mathbf{y}) + \mathcal{F}(\mathbf{z}) \\ \mathcal{F}(\mathbf{x}) &= \mathcal{F}(\mathbf{y}) + \mathcal{F}(\mathbf{z}) \end{aligned}$$

Ma Wei

(I)  $\frac{1}{2} \log 2$   
 (II)  $\frac{1}{2} \log 3$   
 (III)  $\frac{1}{2} \log 4$   
 (IV)  $\frac{1}{2} \log 5$

Reporting Center Personnel's Signature \_\_\_\_\_  
Name \_\_\_\_\_  
NRIC ID No. \_\_\_\_\_