

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 witholding 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

10/03/2021 15:18 (SGT) 05/03/2021 17:45 (SGT) Holland V Stn Exit A, Singapore Holland Avenue after BS11419 (Holland V Stn Exit A) Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMB1463B

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address Mobile Phone No

Alternative Phone No

Yes

SMRT BUSES LTD

BARC@SMRT.COM.SG

(Office) +65-68662672

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

1XXXXX292D

(Phone) +65-68662672

Man

A22

Employment

No - Claiming third party

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number

Cover Note Number

ThirdParty Yes

First Capital

D-20095488MFBP

DRIVER

Name of Driver Passport No/FIN Date Of Birth Occupation

Mohd Khairi Bin Mohd Nor GXXXX067U 15/10/1980 Outdoor



Date Of Driving Pass

Driving experience

Gender

Email Address

Mobile Number

Alt. Phone Number

Address

Address complement

Postcode

Is the driver the policyholder?

If No. Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

DENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other material or property damaged?

Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

On 05/03/2021 at 1745hrs, I was travelling on the left lane of 02 lanes along Holland Avenue approaching the non-signalized cross junction of Holland Centre Road heading towards the direction of Shenton Way Bus Terminal on service 970, SMB1463B. I continued to move on and heading toward next bus stop for my pax activity, while travelling straight, I noticed that there was a side road on my left side ahead and from the side road there were vehicle stopped at its stop line and waited so I continued to move on and prepared my bus to pass the side road. When bus was almost reaching the side road (car parking lots Entrance and Exit). I noticed that there was a pte car on my right side and suddenly it's made a left turn into the Side road (Holland Centre) encroaching onto the front portion of my bus. My bus speed was around 30-40km/hrs. Upon seeing this, I immediately stepped on my bus brake but could not stopped my bus in time and collided onto the left side body portion of the pte car. When bus had completely stopped, I noticed that the pte car in-turn continued to move on and collided onto another stationary car waiting at the stop line along the side road Exit. I immediately called BOCC to report this accident case and checked on my paxs onboard, when all was fine. I alighted from bus to conducted damage checks, while checking, I noticed that my bus front body panel scratches marked while the third party pte car (SMU5578C) it's got a long scratched marked on its left side body. Police and ambulance was activated by member of public, after an investigation by Traffic police, the bus was released and was arranged to continue service from scene at 1816h. Ambulance left scene without conveying any pax.

29/12/2014

Male

No

Employee

Side Swipe

Clear

Dry

No

No

Yes

No

No

No

6 YEARS AND 3 MONTHS

(Phone) +65-68662672

BARC@SMRT.COM.SG

6 ANG MO KIO STREET 62

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Carnera? Was there any audio recorded?

No Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMU5578C



Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category Private car Name of Driver UNKNOWN

Contact Number
Address
Address complement
Postcode

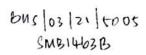
Insurance Company Name NTUC

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

SKETCH PLAN



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- 8 Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer, my workshap 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 reterred 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
 - 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 entition es 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 (aw in administering, processing, handling and/or during 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/(an 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:
 - 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 purpose) stated, or
 - (iii) for complying with requirements under any regulations, laws or court orders

Palicycolder's National Date & Time Driver's Signature

11 this council the policy holder
Date \$ 1 mile.

Reporting Cotice Providence"'s Signature Nam NRC/FIN No.



SKETCH PLAN



ESCRIBE CIRCUMSTANCES OF	F THE ACCIDENT	PM J
CLARATION		
CLARATION We declare the	ars are true in every respect.	
431 47	Nh.	Reporting Centre Personnel's Signature
ilicyholder's Signature ite & Time.	Driver's Signature (If driver's not the policyholder) Date & Time:	Name: NRIC/FIN No.