

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 19/03/2021 13:17 (SGT)
Date of Accident 18/03/2021 21:43 (SGT)
Exact Location of Accident 270 Orchard Rd, Singapore 238857
Additional Location Information Orchard Rd, (aft b/s 08138)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBS6121X

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 Mohamedebrahim Ahamed Abdul Rahman
NRIC No SXXXX628Z

Date Of Birth	07/12/1972
Occupation	Outdoor
Date Of Driving Pass	02/05/2019
Driving experience	1 YEAR AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90093436
Alt. Phone Number	-
Email Address	seahhh@sbstransit.com.sg
Address	12, Bedok North Drive
Address complement	Blk 45 Chai Chee St #11-164 Siingapore 461045
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 - Change/cross lane
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)	10
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

As my bus was initially stationary behind other vehicles in the 2nd lane from the left when it was red light. As the green light appeared, I just released my hand brake to prepare to move, I heard the sound. I then found the pte car SMM503A RHF had collided with my bus LHR corner. OCC was informed & all paxs alighted to board other bus. CRS was activated & my bus was RTD back to WS. No injury. That's all

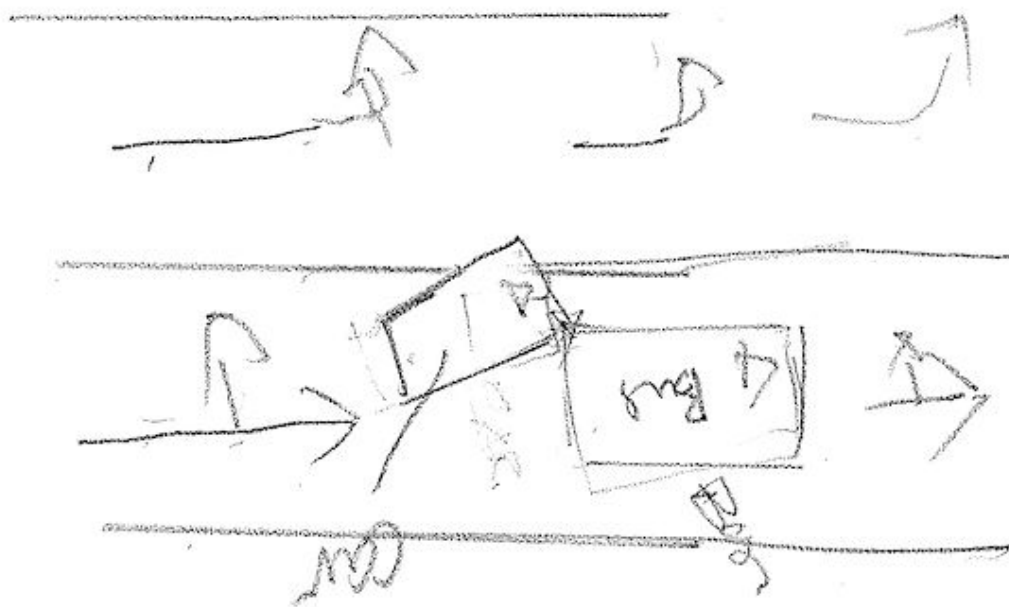
ATTACHMENT(S)

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	SMM5033A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Valerie Tan Gim Juan
Contact Number	(Phone) +65-81866868
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	RHS front bumper damaged
Details of property damaged in accident	RHS front bumper damaged
No. Of Passenger (Including Driver)	-

main road



Orchard Road