

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 06/04/2021 17:48 (SGT)
Date of Accident 06/04/2021 08:48 (SGT)
Exact Location of Accident Farrer Road, Farrer Road MRT Station, Singapore
Additional Location Information Lutheran Rd
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBS8803Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SBS Transit LTD
Company Reg No 1XXXXXXXXXXTE01
Email Address changsp@sbstransit.com.sg
Mobile Phone No (Phone) +65-65529606
Alternative Phone No (Office) +65-65529606

VEHICLE PARTICULARS

Manufacturer Scania
Model KUB4X
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 8867

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Type of Coverage ActLiability
Fleet Policy No
Policy Number 199206653MPTE01
Cover Note Number -

DRIVER

Name of Driver Wong Hing Keong
Passport No/FIN GXXXX531N

Date Of Birth	30/12/1963
Occupation	Outdoor
Date Of Driving Pass	23/08/2016
Driving experience	4 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-99999999
Alt. Phone Number	-
Email Address	changsp@sbstransit.com.sg
Address	15, Ang Mo Kio St 63
Address complement	-
Postcode	569117
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)	5
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	Male

PASSENGER 4

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

During incident period, I was driving bus svc 186 along the said rd when my bus left portion being hit by a m/car (SLU8471T) which coming out from Lutheran Rd. Bus sustained left body panel dented whereas the said car sustained damage on front right. No one was injured. The driver admitted is his fault. Bus continued svc after exchanged our particulars

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	SLU8471T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	Front right damaged
No. Of Passenger (Including Driver)	-


52724993 J

ANDREW CORBET LAW

SLU 8471 T MINI COOPER

Tell: 9731 4162 ~~2~~

6/4/21 8:45 AM



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