

## 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 ..... 27/04/2021 13:32 (SGT)  
Date of Accident ..... 24/04/2021 10:42 (SGT)  
Exact Location of Accident ..... 480 E Coast Rd, Singapore 429044  
Additional Location Information ..... East Coast Rd junction with East Coast Rd, after b/s 92159  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SBS8609T

#### 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 ..... Scania  
Model ..... KUB4X2(EEV), SD, AC, 2 Axle  
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 ..... D-20095429MFBP  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... Tay Ah Tee  
NRIC No ..... SXXXX032A

Date Of Birth .....	17/12/1951
Occupation .....	Outdoor
Date Of Driving Pass .....	12/02/1982
Driving experience .....	39 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91591295
Alt. Phone Number .....	-
Email Address .....	seahhh@sbstransit.com.sg
Address .....	12, Bedok North Drive
Address complement .....	Blk 897 Tampines St 81 #07-822 Postal Code : 520897
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 - Cross Junction
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 .....	Male

#### PASSENGER 4

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 5

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 6

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 7

Name .....	UNKNOWN
Gender .....	Male

#### 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

When I saw the private car SDV6485G was stopped, thus I continued to go straight. When I was almost passed the exit of the minor road, I heard a loud sound. I then found the private car front had collided onto my RHR & mounted the road kerb. OCC was informed. After consulted CRS, my bus was RTD back to WS. 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 ..... SDV6485G  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... Mdm Chua Peng Tien  
Contact Number ..... (Phone) +65-97707730  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... front bumper damaged  
Details of property damaged in accident ..... front bumper damaged  
No. Of Passenger (Including Driver) ..... -

