

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	04/05/2021 10:56 (SGT)
Date of Accident	01/05/2021 14:09 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	Upper Serangoon Rd, after BS63049
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS8183D
-----------------------------------	----------

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, 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	Kang Kam Lock
NRIC No	SXXXX366C

Date Of Birth	05/08/1961
Occupation	Outdoor
Date Of Driving Pass	25/01/1997
Driving experience	24 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98948386
Alt. Phone Number	-
Email Address	seahhh@sbstransit.com.sg
Address	512 Tampines Central 1
Address complement	Blk 403 Tampines St 41 #04-75 Postal Code : 520403
Postcode	520512
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)	50
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?	Yes
Police Station Name	Changkat Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007819999
Alt. Police Station Phone No	(Fax) +65-67832722
Police Station Address	Blk 109 Tampines Street 11 #01-261 Singapore 521109
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

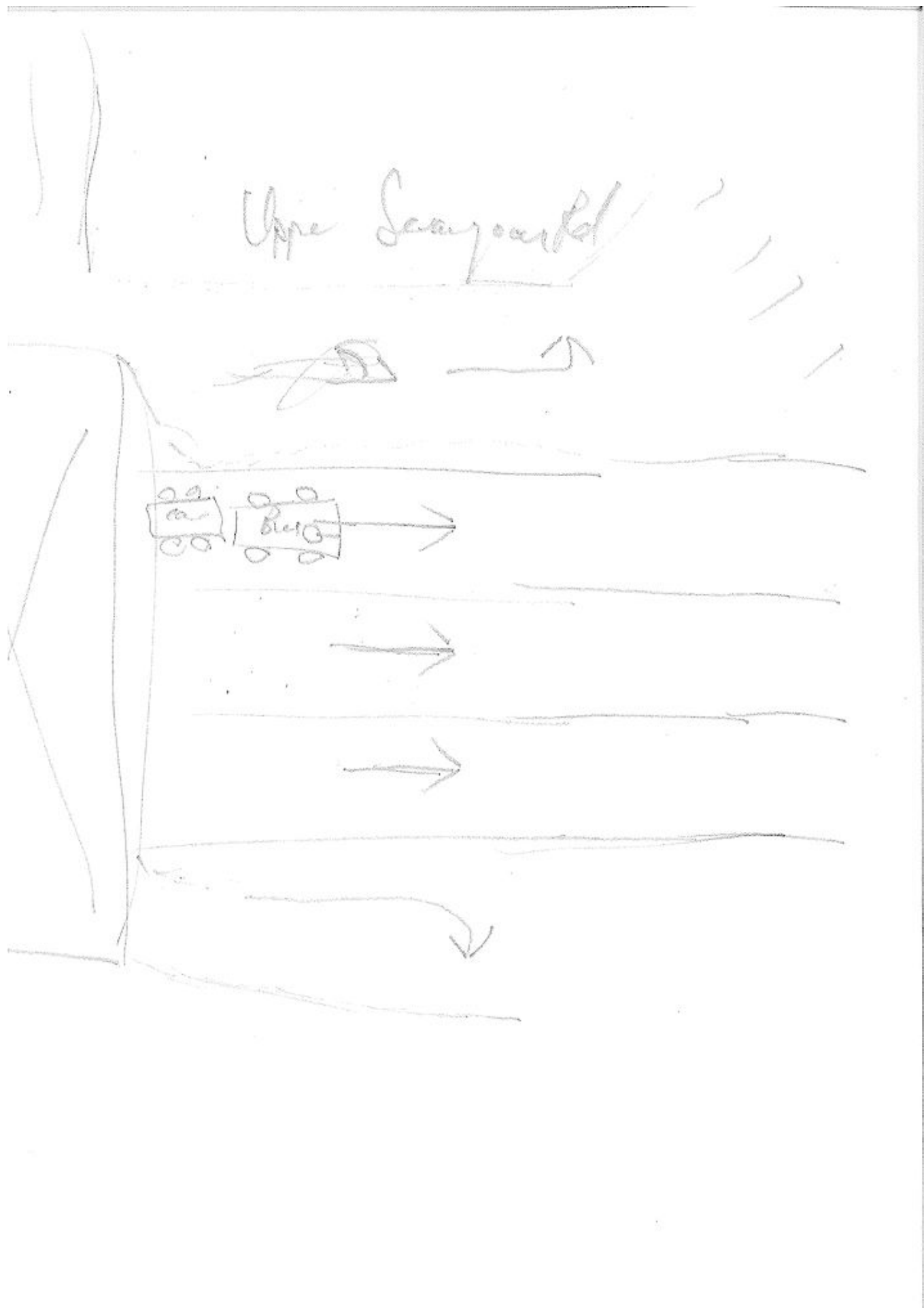
After the yellow box, I heard the sound. I found the pte car SBS8183D RHF had collided onto my bus LHR. OCC was informed & after exchanged details, I was told to continue halfway from BS77239 in the view of all paxs had alighted. No injury. That's all.

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	SLL49E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Giam Ming Yin
Contact Number	(Phone) +65-98395548
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	Right front body damaged
Details of property damaged in accident	Right front body damaged
No. Of Passenger (Including Driver)	-





**SINGAPORE
POLICE FORCE**



T/20210501/2064

1 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20210501/2064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/05/2021 20:36	Vide Report No.:	Station Diary No.: 23
--	------------------	--------------------------

Informant's Particulars

Name of Informant: KANG KAM LOCK			Address: APT BLK 107 TAMPINES STREET 11 #08-355 SINGAPORE 521107		
ID Type / ID No.: NRIC NO / S2709366C			Contact No.: Home/Office: Mobile: 98948386		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 59	Date of Birth: 05/08/1961	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: SBS BUS DRIVER			Driving Licence Information: Class: 2B,3,4A		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 01/05/2021 14:15	Type of Location: Straight Road
Location: UPPER SERANGOON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBS8183D	Bus/Coach/Minibus		KUB4X2 8.9 AUTO ABS TURBO 2WD		Slightly Damaged	50
SLL49E	Car		QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR		Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210501/2064

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

2 of 3

Report No. T/20210501/2064

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KANG KAM LOCK	ID No.	S2709366C
Related Vehicle	SBS8183D (Bus/Coach/Minibus)	Contact No.	98948386
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	GIAM MING YIN	ID No.	S0153889F
Related Vehicle	SLL49E (Car)	Contact No.	98395548
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and place. I was driving a SBS bus (SBS8183D) along Upper Serangoon Road as I was approaching the traffic light I slowed down my bus, suddenly a purple Nissan (SLL49E) came from my rear and collided onto my bus, after the collided I gradually slowed down my bus before coming to a complete stop with my hazard light on at the side as I do not wish to hold up the traffic.

I then got down my bus and inspect on my bus damage, after which me and the other driver exchanged our particular before departing off.

As I opened my front door to get down my bus, all the passengers alighted soon after while I was inspecting the damage.

Nobody was injured at that point of time.

I am lodging this report as requested by my company SBSTransit.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999



T/20210501/2064

3 of 3

Report No. T/20210501/2064

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 1 CHEW JUN JIE JAYSON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/05/2021 20:36

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168