

ATUC

SS1E215C0007 / SMRT AUTOMOTIVE SERVICES PTE LTD
ENTRY DATE & TIME: 12/05/2021 14:24 (SGT)
SUBMITTED BY: LIM SING BEE (SMRT10)
VERSION: 1 (12/05/2021 14:24 (SGT))

Your NCD will be affected due to late reporting



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	12/05/2021 14:24 (SGT)
Date of Accident	10/05/2021 19:07 (SGT)
Exact Location of Accident	Opp Lian Aik Siong Machinery, Singapore
Additional Location Information	SENOKO ROAD (TOWARDS BS:47121-OPP LIAK AIK SIONG MACHINERY)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB1334R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SMRT BUSES LTD
Company Reg No	1XXXXX292D
Email Address	BARC@SMRT.COM.SG
Mobile Phone No	(Phone) +65-68662672
Alternative Phone No	(Office) +65-68662672

VEHICLE PARTICULARS

Manufacturer	Man
Model	MAN NL320F(A22)
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?	No - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	10518

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-21097498MFBP
Cover Note Number	-

DRIVER

Name of Driver	KHOO KAY HUAT
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NRIC No	SXXXXX032B
Date Of Birth	04/02/1961
Occupation	Outdoor
Date Of Driving Pass	28/06/1985
Driving experience	35 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	BARC@SMRT.COM SG
Address	6 ANG MO KIO STREET 62
Address complement	-
Postcode	-
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)	1
Has the driver been approached by unknown person(s)	No
soliciting/offering accident claims assistance?	No

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

On 10/05/2021 at around 1907hrs, I was on OSB from Sembawang Bus Interchange to Bus Stop 47121 to start my revenue service. While bus was travelling on the right lane of 02 lanes along Senoko Road heading towards the direction of Sembawang Bus Interchange on service 981, SMB1334R. My bus speed was around 35-40km/hrs. While bus was travelling straight along the road, I noticed that there was a pte car stopped (unusual stopping position) along the road side (left lane) on my left ahead so I slow down my bus while overtaking. When my bus front portion was about to pass the stationary pte car, it began to inch forwards and made an illegal U-turn in front of my bus and collided onto my bus front left portion. Upon seeing this, I immediately stepped on my bus brakes and stopped (bus was at slow speed). When had completely stopped, I immediately alighted to conduct checks on the third party driver. When third party drive was fine, I conduct checks on my bus for damage. While checking, I noticed that my bus left front windscreen cracked and body scratched while the pte car had its right front body dented and RHS mirror cover cracked.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	PENDING DOWNLOAD
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY: 1

Vehicle Registration Number	SLK9010L
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Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

-
-
-
-
Private car

MUHAMMAD RIDZWAN

-
-
-
NTUC Income Insurance Co-operative Ltd

SMB1334R
Bus/05/21/1010

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop 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 referred 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 purposes of:
 - (i) 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 enquiries 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 law in administering, processing, handling and/or dealing 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/can 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:
 - (i) 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 purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time

Gay

Driver's Signature
(if driver is not the policyholder)
Date & Time

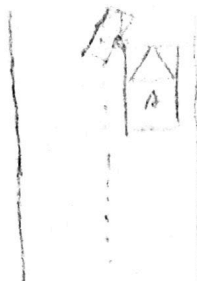


Reporting Centre Personnel's Signature
Name
NIC/FIN No.

SKETCH PLAN #2

SKETCH PLAN

A. SM1334R
B. SLK 9400



Senko Ned

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

i/We declare the



ars are true in every respect.

Policyholder's Signature _____
Date & Time _____

Driver's signature
(if driver is not the policyholder)
Date & Time.



Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No. _____