

# 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 .....	18/05/2021 09:04 (SGT)
Date of Accident .....	11/05/2021 10:14 (SGT)
Exact Location of Accident .....	149 Jalan Bukit Merah, Block 149, Singapore
Additional Location Information .....	Jln Bt Merah, Bef (B/s10059) Opp Blk149
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SBS7495K
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### 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 .....	Volvo
Model .....	B9tl
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 .....	9364

### 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 .....	Ng Seng Hee
Passport No/FIN .....	GXXXX759L

Date Of Birth .....	01/07/1972
Occupation .....	Outdoor
Date Of Driving Pass .....	10/11/2017
Driving experience .....	3 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93728693
Alt. Phone Number .....	-
Email Address .....	seahhh@sbstransit.com.sg
Address .....	12, Bedok North Drive
Address complement .....	No 11 Jln Kundang 17 Tmn Murni Kluang Postal Code : 86000
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 .....	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) .....	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

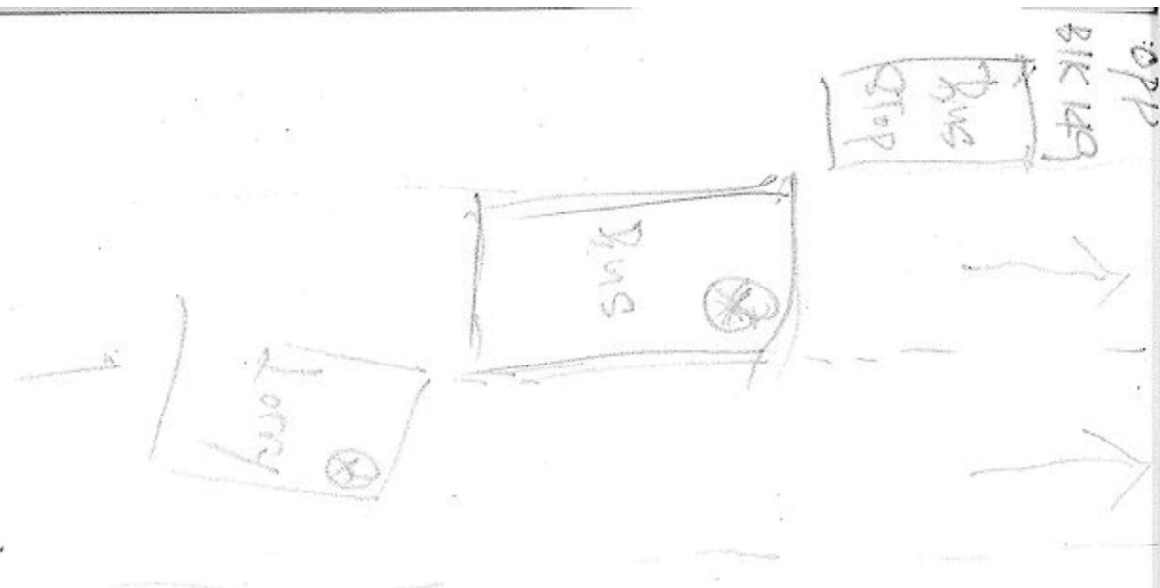
When I was in the left lane going straight, the lorry GBC5863C came from my rear. It tried to overtake my bus . I heard the sound. I then found the lorry LH view mirror had side swiped my bus RHR corner. OCC was informed & after exchanged details, I was told to continue my service. No injury. That's 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 .....	GBC5863D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Goods vehicle
Name of Driver .....	Loo Foo Yeo
Contact Number .....	(Phone) +65-97566052
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	LHS Side mirror damaged
Details of property damaged in accident .....	LHS Side mirror damaged
No. Of Passenger (Including Driver) .....	-



Jln Bt Merah