

## 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 ..... 24/05/2021 10:46 (SGT)  
Date of Accident ..... 19/05/2021 11:32 (SGT)  
Exact Location of Accident ..... Blk 429A CP, Singapore  
Additional Location Information ..... CHOA CHU KANG AVENUE 4 (BS:44499, BLK 429A CP)  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMB350A

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SMRT BUSES LTD  
Company Reg No ..... 1XXXXX292D  
Email Address ..... Auto-Svcs-BARC@smrt.com.sg  
Mobile Phone No ..... (Phone) +65-68662672  
Alternative Phone No ..... (Office) +65-68662672

#### VEHICLE PARTICULARS

Manufacturer ..... Man  
Model ..... 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 ..... TAN SIEW CHOO  
NRIC No ..... SXXXX706E

Date Of Birth .....	19/02/1964
Occupation .....	Outdoor
Date Of Driving Pass .....	11/04/2001
Driving experience .....	20 YEARS AND 1 MONTH
Gender .....	Female
Mobile Number .....	(Phone) +65-68662672
Alt. Phone Number .....	-
Email Address .....	Auto-Svcs-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) 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 19/05/2021 at 1132 hrs, I was driving Service 300 (SMB350A). I was travelling on the left lane along Choa Chu Kang Avenue 4 at an estimated speed of 40 km/hr. Nearing Blk 429A side road Car Park on the left side, and I had already slowed down my speed as the bus stop was after the Car Park. I was following a car length distance behind a van. Suddenly the van put on his signal and as it turned into the Car Park, it suddenly stopped halfway. I had to steer right to cut into the right lane. Then I looked to the left and I noticed a private car (SGG7988J) and it was still within the Car Park. Thus, I steered back to the left lane. As my bus was passing by the Car Park and front portion of my bus already passed the side road Car Park, I saw the car inched forward and tapped on my horn to alert Third Party driver. When my bus almost passed the side road, I saw the car exiting out and then I heard a grazing sound. I saw front portion of the car in contact with the rear left portion of my bus. Then I stopped my bus at the bus stop. There were more than 15 paxs onboard my bus; I checked on my paxs, no one was injured. I alighted to check. There were scratched marks on the front right of the car and rear left portion of my bus. After exchanging particulars, I reported on this Accident accordingly to BOCC. Third Party driver had exited out from the side road Car Park when my bus was halfway passing by, resulting in this Accident. That is all.

#### 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 .....	SGG7988J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	UNKNOWN
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	AIG Asia Pacific Insurance Pte. Ltd.
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## SKETCH PLAN

SMB350A  
Bus/05/21/5038**IMPORTANT NOTICE**

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7. By the lodgment 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.
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 purpose(s) 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.



PL



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 20/05/2021

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

