SS0K215O0002 / SBS Transit Ltd [489946]
ENTRY DATE & TIME: 25/05/2021 08:08 (SGT)
SUBMITTED BY: Seah Hai Hua
VERSION: 1 (25/05/2021 08:08 (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 witholding 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	25/05/2021 08:08 (SGT)
Date of Accident	22/05/2021 20:20 (SGT)
Exact Location of Accident	Bedok N Dr, Singapore
Additional Location Information	Bedok Interchange
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS8480X

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	199206653MPTE01
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	Lim Han Ter
Passport No/FIN	EXXXX109N

Date Of Birth	20/08/1979
Occupation	Outdoor
Date Of Driving Pass	21/11/2017
Driving experience	3 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90539663
Alt. Phone Number	-
Email Address	seahhh@sbstransit.com.sg
Address	12, Bedok North Drive
Address complement	Pangsapuri Epic Jln Suria Muafakat Tmn Suria Muafakat #04-1 Postal Code : 80350
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	Collided into Parked Vehicle
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

When I was adjusting my view mirror, I saw the TTS bus SMB3008U svc 66 was reversing towards my bus direction. Thus, I then honked at it. But the other bus continually to reverse. As a result, its RHR collided onto my stationary bus right rear. OCC was informed & I was told to continue my service. No injury. That's all.

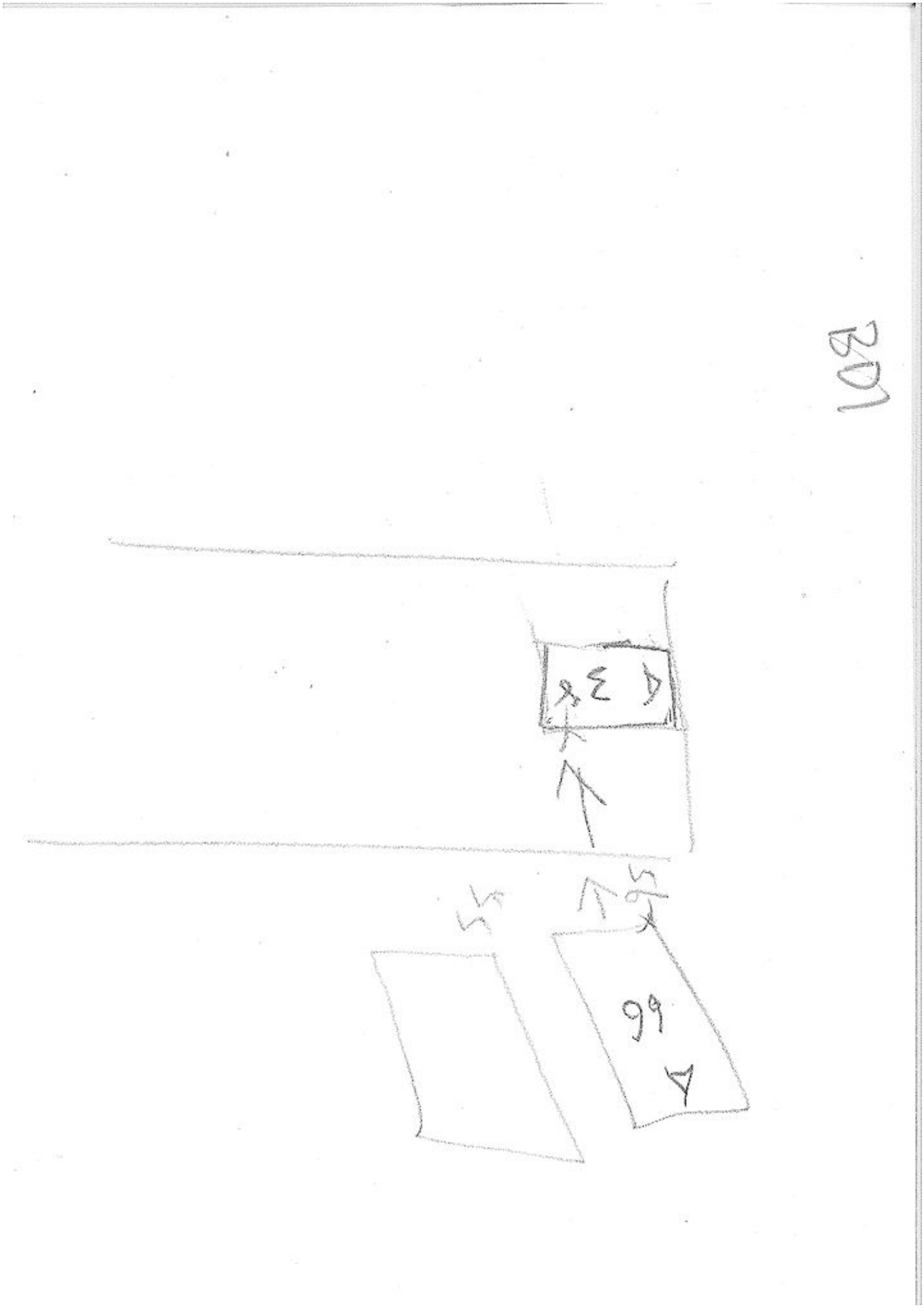
ATTACHMENT(S)

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	SMB3008U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	TTS Svc 066 BC12738
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	rear LH
Details of property damaged in accident	rear LH
No. Of Passenger (Including Driver)	1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