

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 30/06/2021 08:18 (SGT)
Date of Accident 25/06/2021 13:45 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information PIE (Tuas), after Simei Ave
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBS6604U

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 Mercedes
Model Citaro
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 6374

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 Thamil Arasan A/L Suresh
Passport No/FIN GXXXX904R

Date Of Birth	11/05/1991
Occupation	Outdoor
Date Of Driving Pass	12/04/2018
Driving experience	3 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96399284
Alt. Phone Number	+65-87679012
Email Address	seahhh@sbstransit.com.sg
Address	512 Tampines Central 1
Address complement	No 51 Persiaran Bekor 23 Tmn Pertama Ipoh
	Postal Code : 30100
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	Collision - Cross Junction
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 vehicle 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

While was exiting into PIE, I had stopped my bus & was stationary at the merging lane due to the oncoming vehicles along PIE. I heard the sound. I then realized my bus rear was being hit by the pte car SDL5666K LHF. OCC was informed & after exchanged details with 3P, I was instructed to OS to TPI. 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	SDL5666K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANDREW JAMES JUNMING SHEPHERDSON
Contact Number	(Phone) +65-91784511

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	LHS front bumper dented
Details of property damaged in accident	LHS front bumper dented
No. Of Passenger (Including Driver)	-

