

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	13/07/2021 19:29 (SGT)
Date of Accident	13/07/2021 08:34 (SGT)
Exact Location of Accident	Near Raffles Blvd, Singapore
Additional Location Information	MARINA CENTRE TERMINAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG6305U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TOWER TRANSIT SINGAPORE PTE LTD
Company Reg No	2XXXXX417K
Email Address	feedback@towertransit.sg
Mobile Phone No	(Phone) +65-18002480950
Alternative Phone No	(Office) +65-18002480950

VEHICLE PARTICULARS

Manufacturer	Man
Model	A95
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	12000

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D-19094584MFBP
Cover Note Number	-

DRIVER

Name of Driver	HUO MINGZENG
NRIC No	SXXXX229I

Date Of Birth	18/11/1973
Occupation	Outdoor
Date Of Driving Pass	23/10/2018
Driving experience	2 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-18002480950
Alt. Phone Number	-
Email Address	feedback@towertransit.sg
Address	C/O : 21 BULIM DRIVE
Address complement	BULIM BUS DEPOT
Postcode	648170
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 - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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

PLEASE REFER ATTACHED

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB1380G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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)	-

SKETCH PLAN

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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 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.

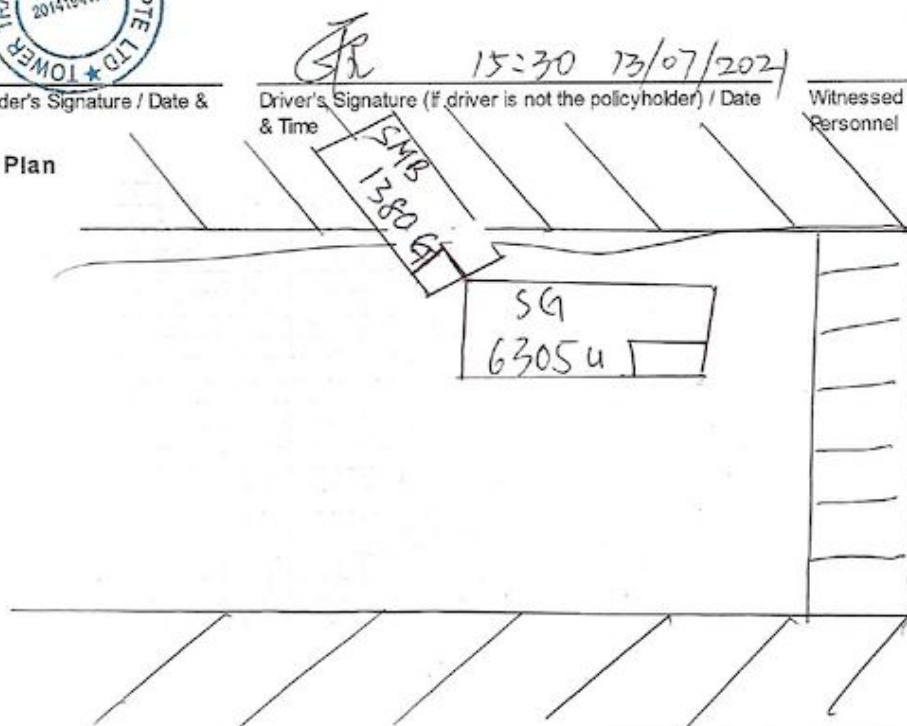



Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



TTS Incident Report		Sent Email		
Location	Other location			
Type of Incident	Road Traffic Collision			
Severity of Incident	Minor - sent to safety@towertransit.sg			

Complete all section of this Form for all incidents accidents and near misses that occur whilst on the road or at one of our locations.
 *Do not leave blank, indicate "NA" if not applicable.

Section A – Details Employee and duty					
Employee Name	Huo Mingzeng		Employee No.	12917	
Date of Incident	13-Jul-21	Time of Incident	0834Hrs	Fleet/ Duty No.	
Exact Location of Incident & include direction of travel			SG6305U / 97A10		
Marina Centre Terminal			Route No.	97	
Section B – Details of Incident					
Road Traffic Collision (Vehicle)	<input type="checkbox"/>	Workplace Injury	<input type="checkbox"/>	Passenger Injury	<input type="checkbox"/>
Collision in Depot/ Interchange	<input checked="" type="checkbox"/>	Vandalism	<input type="checkbox"/>	Near Miss	<input type="checkbox"/>
Collision with Public Property	<input type="checkbox"/>	Assault	<input type="checkbox"/>	Fire	<input type="checkbox"/>
Dangerous Occurrence	<input type="checkbox"/>	Spills	<input type="checkbox"/>	Others	<input checked="" type="checkbox"/>
If others, please state					
Section C – Description of Incident					
BC12917 reported that his bus was rear ended by SMRT/Svc75/SMB1380G along the driveway. No injuries reported.					
SG6305U sustained LHS rear signal cover broken and LHS rear bumper damaged					
SMB1380G sustained front windscreen shattered and front bumper damaged					
Section C – Details of Persons and Injuries					
Was Authority (Police, MOM, SCDF) involved? (Record Name, contact information)					
NA					
List names (indicate staff, public or contractor) of injured and information of injuries sustained.					
NA					
Was First Aid treatment provided? If any injured was send for further medical treatment, who and which hospital or clinic?					
NA					
Section D – Contact Details of 3rd party / Witness (Record Name, ID No., Address and Contact No.)					
SMRT BC27518	Click here to enter text.		Click here to enter text.		
Section E – Details of Damage					
What was damage? Include TTS and 3 rd Party assets (vehicle and property).	As mentioned above				
What is extend of damage?	As mentioned above				
Section F – Immediate Action Taken & Follow Up					
Immediate Action Taken: Bus returned to depot <input checked="" type="checkbox"/> Bus Sealed <input type="checkbox"/> Driver Suspended <input type="checkbox"/>					

Drug/Alcohol Test <input type="checkbox"/> CCTV Request <input type="checkbox"/> Other : <input type="checkbox"/>			
Follow Up :	Follow up with IS		
Reported By			
Completed By Name and Position	Jonathan Tessensohn/Service Controller	Date	13/7/2021



Statement Form

BC Name : Huo Ming Zeng Date Taken : 13/07/2021BC No : 12917 Time Taken : 15:30Nature of Incident : REAR END BY SMRT BUS.Date of Incident : 13/07/2021 Time of Incident : 08:33Service No : 97 Bus Reg No : SG6305U Duty No : 97A10

Details : 我是巴士车长(翟鸣增, 工牌号12917, 今天工作是97号路线
A10, 驾驶巴士号码SG6305U, 早上8点33分在maxima center
停车场等行人过行人斑马线时, 突然听到后面砰的一声响
然后我就下车去检查巴士, 发现SMRT的75号路线巴士, 车牌
SMB1380G与我巴士相撞, 我方巴士左后灯和保险杠损坏, 对方
巴士前方大镜和保险杠损坏, 无人员受伤, 然后我给BCC通报
详细情况, 然后BCC指示我把车驾回车房, 换车继续我的
路线服务, 放工后到车头办公室作伤口供

*I confirmed that the above statement given by me is correct to the best of my knowledge.

Huo Ming Zeng 12917 [Signature] 13/07/2021
 BC Name & No. Signature Date & Time

Statement Taken By:

KENT PANEL [Signature]
 Name Designation Signature