

# 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 ..... 29/07/2021 08:19 (SGT)  
Date of Accident ..... 23/07/2021 16:10 (SGT)  
Exact Location of Accident ..... Grange Rd & Devonshire Rd, Singapore  
Additional Location Information ..... Junction between Grange Rd and Devonshire Road, after B/S 09059  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SBS5123T

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SBS TRANSIT LTD  
Company Reg No ..... XXXXXXXXXXXXTE01  
Email Address ..... seahhh@sbstransit.com.sg  
Mobile Phone No ..... (Phone) +65-62444534  
Alternative Phone No ..... (Office) +65-62444534

### VEHICLE PARTICULARS

Manufacturer ..... Scania  
Model ..... KUB4X2(EEV), 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? ..... No - Claiming third party  
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 ..... Yeo Chin Khim (Yang Zhenqin)

NRIC No .....	SXXXX166C	
Date Of Birth .....	27/06/1973	
Occupation .....	Outdoor	
Date Of Driving Pass .....	08/07/1998	
Driving experience .....	23 YEARS	
Gender .....	Male	
Mobile Number .....	(Phone) +65-97914921	
Alt. Phone Number .....	-	
Email Address .....	seahhh@sbstransit.com.sg	
Address .....	12, Bedok North Drive	
Address complement .....	Blk 402 Bedok North Ave 3	#13-263 Postal Code :
	460402	
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 vehicle 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

After the traffic light, I was traveling in the bus lane going straight with the private car SGG4030S was in lane on my RHS. When I saw the private car had signaled left, my bus front body was already far in front of it. Thus, I proceeded to move straight. the next moment I knew the car LHF side swiped my bus RHR. OCC was informed & after exchanged details, I resumed 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 ..... SGG4030S  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... Miss Pok Sue Chi  
 Contact Number ..... (Phone) +65-96795976  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... front bumper damaged  
 Details of property damaged in accident ..... front bumper damaged  
 No. Of Passenger (Including Driver) ..... -

