

# 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 .....	13/08/2021 12:40 (SGT)
Date of Accident .....	09/08/2021 15:17 (SGT)
Exact Location of Accident .....	1 Tampines Central 1, Tampines Bus Interchange, Singapore 529539
Additional Location Information .....	Tampines Interchange
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SBS3928E

### 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 .....	Volvo
Model .....	B9tl
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 .....	9364

### INSURANCE COMPANY

Name of Insurance Company .....	MS First Capital Insurance Ltd
Type of Coverage .....	ActLiability
Fleet Policy .....	No
Policy Number .....	D-21097501MFBP
Cover Note Number .....	-

### DRIVER

Name of Driver ..... Tan Kee Wan

NRIC No .....	SXXXX988E
Date Of Birth .....	18/08/1953
Occupation .....	Outdoor
Date Of Driving Pass .....	19/05/1975
Driving experience .....	46 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90156544
Alt. Phone Number .....	-
Email Address .....	seahhh@sbstransit.com.sg
Address .....	512 Tampines Central 1
Address complement .....	Blk 892 Tampines Ave 8 #07-06 Postal Code :
Postcode .....	520892
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 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

My bus was stationary as there was another bus in front of my bus. Once the front bus moved off, the GAS bus SBS6492A svc 3 immediately reversed when I honked at it. But instead of allowing me to move off, it continued to reverse. As a result, its rear collided onto my bus LHF. OCC was informed & I ended my duty at TMI . My bus was later RTD back to WS. 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 .....	SBS6492A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
Name of Driver .....	GAS Svc 3 BC

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

