

# 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 ..... 26/08/2021 09:13 (SGT)  
Date of Accident ..... 25/08/2021 10:06 (SGT)  
Exact Location of Accident ..... Upper Serangoon Rd & Lim Ah Pin Rd, Singapore  
Additional Location Information ..... Upp S'goon Rd (after junction with Lim Ah Pin Road) (after BS63041, 19.2km>TMI)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SBS7442M

### 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 ..... Sazali Bin Senin

|  |                               |               |
|--|-------------------------------|---------------|
| NRIC No .....  | SXXXX729J                     |               |
| Date Of Birth .....  | 06/03/1979                    |               |
| Occupation .....   | Outdoor                       |               |
| Date Of Driving Pass .....   | 28/04/2021                    |               |
| Driving experience .....   | 4 MONTHS                      |               |
| Gender .....   | Male                          |               |
| Mobile Number .....  | (Phone) +65-83672203          |               |
| Alt. Phone Number .....  | -                             |               |
| Email Address .....  | seahhh@sbstransit.com.sg      |               |
| Address .....  | 512 Tampines Central 1        |               |
| Address complement .....   | No 12 Riverina Walk Pasir Ris | Postal Code : |
|  | 518318                        |               |
| 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 .....   | 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) .....   | 8   |
| 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

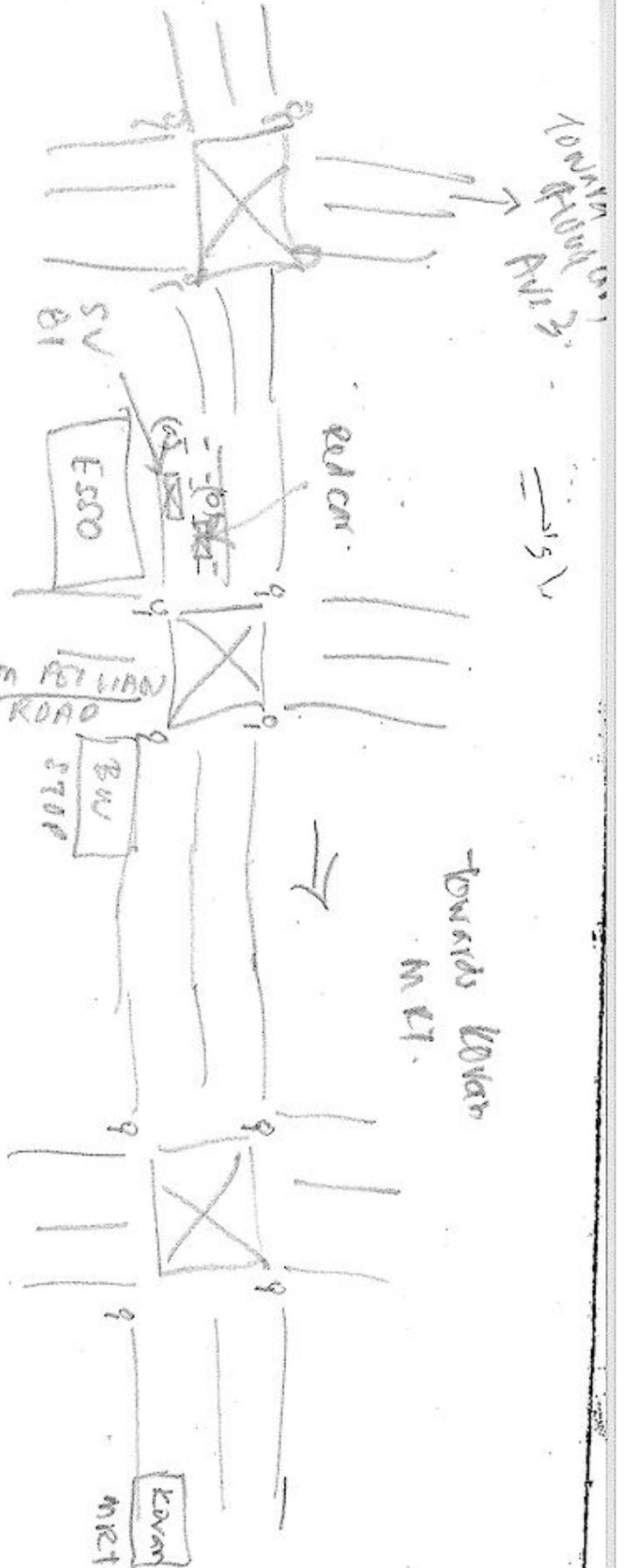
As I was travelling straight in my lane, I heard the sound. I then discovered the private car SMV2491H LHF side swiped my bus RHR. OCC was informed & after exchanged details, I resumed my service. No injury. That's all.

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 ..... SMV2491H  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... Lim Lian Seng  
 Contact Number ..... (Phone) +65-98375341  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... Front left bumper scratched  
 Details of property damaged in accident ..... Front left bumper scratched  
 No. Of Passenger (Including Driver) ..... -



CV 81 moving off  
 after the bus  
 stop, still at  
 the Bus lane  
 moving vehicle (bus)  
 towards next busstop.

(b). suddenly, car car  
 on the second lane  
 force himself to turn left  
 to Esso Petrol on the  
 2nd lane. Last minute,  
 the red car bus is moving  
 but driver impatient turn  
 left and hit the back bumper  
 of the bus.