

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	-
Date of Accident	28/09/2021 10:22 (SGT)
Exact Location of Accident	Aft Lim Chu Kang Lane 4, Singapore
Additional Location Information	LIM CHU KANG ROAD (BEFORE BS:34019, AFT LIM CHU KANG LANE 4)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB82Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SMRT BUSES LTD
Company Reg No	1XXXXX292D
Email Address	Auto-Svcs-BARC@smrt.com.sg
Mobile Phone No	(Phone) +65-68662672
Alternative Phone No	(Office) +65-68662672

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	MBOC500
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	11967

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-21097498MFBP
Cover Note Number	-

DRIVER

Name of Driver	HU XIAOYU
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(Draft)

Passport No/FIN GXXXX479X
Date Of Birth 01/08/1990
Occupation Outdoor
Date Of Driving Pass 15/01/2019
Driving experience 2 YEARS AND 8 MONTHS
Gender Male
Mobile Number (Phone) +65-68662672
Alt. Phone Number -
Email Address Auto-Svcs-BARC@smrt.com.sg
Address 6 ANG MO KIO STREET 62
Address complement -
Postcode -
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) 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

On 28/9/2021 at 1022 hrs, I was driving SMB82Z, Svc 975. I was travelling at 20-30 Km/Hr. There were 02 pax on board. I was travelling at along Lim Chu Kang Road. I was travelling on my lane and there was road work on the on coming lane. Due to the road work there was a temporary setup traffic light signal and it was green on my favor. I was slow down to pass by and there was only lorry on my right and I did not see the Excavator. When I pass by the arm of the excavator suddenly swung to the left and hit onto my bus Right front windscreen cracked. I stopped my bus and checked and my bus right front windscreen webbed and the RHS view mirror damaged. No visible damaged on the Excavator. There were no personnel injured due to this accident. I was travelling on my lane and was the excavator sudden swung out.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number EXCAVATOR
Vehicle Manufacturer -
Vehicle Model -

(Draft)

Vehicle Variant
Vehicle Colour
Vehicle Category
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)

-
-
Commercial vehicle

MO GUAN CONTRUCTION ENGINEERING PTE LTD

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