IAR000B / Strides Automotive Services Pte Ltd TRY DATE & TIME: 27/10/2021 16:38 (SGT)
BMITTED BY: LIM SING BEE (SMRT10) RSION: 1 (27/10/2021 16:38 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 Exact Location of Accident** Additional Location Information Country/State of Loss

27/10/2021 16:38 (SGT) 25/10/2021 18:12 (SGT) Blk 280, Singapore CHOA CHU KANG AVE 3 (AFTER BS:44251, BLK 280) Singapore

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMB69M

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No.

Yes SMRT BUSES LTD 1XXXXX292D Auto-Svcs-BARC@smrt.com.sg (Phone) +65-68662672 (Office) +65-68662672

**VEHICLE PARTICULARS** 

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of

Mercedes **MBOC500** 

**Employment** 

No - Claiming third party

Are you claiming under your own insurance policy for repair to

vour vehicle? Vehicle Category

Transmission CC

Bus

Auto 11967

**INSURANCE COMPANY** 

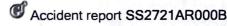
Name of Insurance Company Type of Coverage Fleet Policy **Policy Number** Cover Note Number

MS First Capital Insurance Ltd ThirdParty Yes D-21097498MFBP

DRIVER

Name of Driver Passport No/FIN

**MENG YU** GXXXX410W



 Date Of Birth
 Outdoor

 Occupation
 15/10/2019

 Date Of Driving Pass
 2 YEARS

 Driving experience
 Male

Gender (Phone) +65-68662672
Mobile Number

Alt. Phone Number

Auto-Svcs-BARC@smrt.com.sg

Email Address

Address

Address

Address complement
Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

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

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

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?

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

On 25/10/2021 at 1812 hrs, I was driving SMB69M, SVC 975B. There were approximate 10 pax onboard. I was travelling approximate Choa Chu Kang Ave 3 at approximate 20km/hr. After Pax Activity at BS: 44521, I proceed to move off from the bus stop when I saw TP was exiting from the side road making a right turn into Choa Chu Kang Ave 3. As I proceed to slow down to allow TP to make a right turn at the 2nd lane, I saw TP rear end vehicle was on the 1st lane, thus I proceed to travel straight when I saw with my RHS mirror that TP reversed his vehicle along the road and TP right rear body collided onto my right front body. There were no personnel injured due to this accident. I called BOCC regarding this accident. BOCC requested me to exchange particulars with TP before continue my revenue service towards BS: 33041 and report this incident to my Ops Sup at BPITH. TP made an abrupt reverse along the road which resulted in this accident. That is all.

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident
Was there any audio recorded?

No Yes

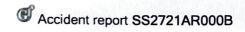
PENDING DOWNLOAD

No

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model SLD7604Z

V.



ddress

### SKETCH PLAN

SMB69 M Bus/10/21/5037

## IMPORTANT NOTICE

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- 6. The 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 lodgment 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.
- 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)
  - (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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Palicyholder's Signature Date & Time:

Driver's Signature (if driver is not the policyholder) Date & Firme:



Reporting Centre Personnel's Signature Name NRIC/FIN No.

SKETCH PLAN

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