

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 08/11/2021 08:57 (SGT)
Date of Accident 04/11/2021 09:49 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information bef 19KM
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBS6744Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SBS TRANSIT LTD
Company Reg No 199206653M
Email Address yeowr@sbstransit.com.sg
Mobile Phone No (Phone) +65-99999999
Alternative Phone No (Office) +65-68676266

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Citaro
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 6374

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 MENG XIANFENG
Passport No/FIN G2840673N

Date Of Birth	13/08/1976
Occupation	Outdoor
Date Of Driving Pass	18/08/2016
Driving experience	5 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-99999999
Alt. Phone Number	-
Email Address	yeowr@sbstransit.com.sg
Address	BLK 209 BOON LAY PL #05-257
Address complement	-
Postcode	640209
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	Collision - Head to Rear
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)	14
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	Female

PASSENGER 4

Name	UNKNOWN
Gender	Female

PASSENGER 5

Name	UNKNOWN
Gender	Male

PASSENGER 6

Name	UNKNOWN
Gender	Male

PASSENGER 7

Name	UNKNOWN
Gender	Female

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 04/11/2021 along PIE, I was driving my bus at the 1st lane, in front of me there was a row of vehicles. While driving then I saw in front of me a car make a stop, I also followed to stop my bus, at about 2 seconds suddenly I heard a loud bang came from the rear portion of my bus, checked onboard passengers nobody came injured, I then alighted & proceeded to the rear & saw lorry's driver M/Ch had alighted, said lorry XD9511C front portion had collided into the rear portion of my bus, exchange particulars and informed OCC. OCC told me to transfer 13 passengers to behind bus, then RTD to SLD. By-pass Police patrol car & ambulance

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 XD9511C
Vehicle Manufacturer Isuzu
Vehicle Model -
Vehicle Variant -
Vehicle Colour White
Vehicle Category Goods vehicle
Name of Driver CHEONG KUN FATT
Contact Number (Phone) +65-81212130
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage FRONT NO DAMAGED
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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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) of :

- (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")

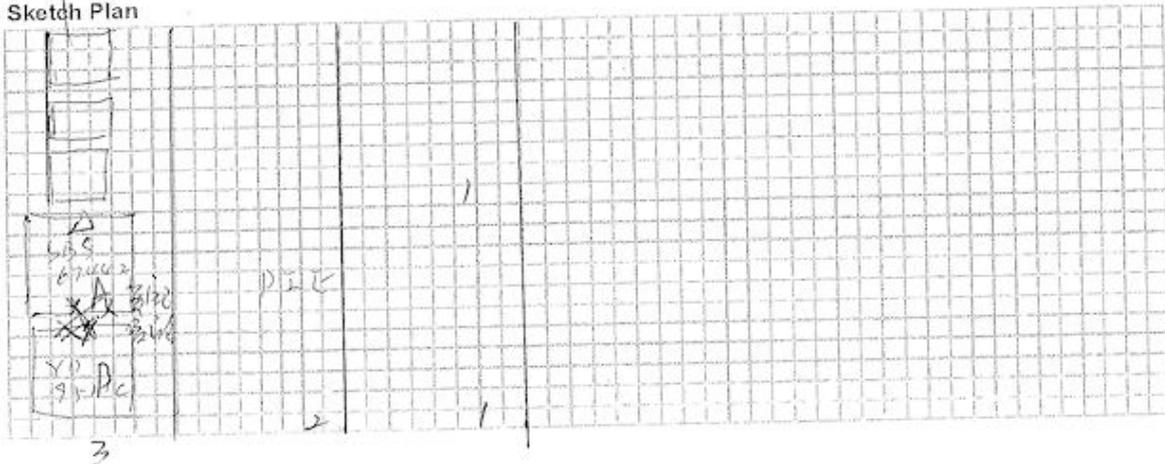
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

[Signature] 05/11/2021
 Policyholder's Signature / Date & Time

[Signature] 05-11-2021
 Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Handwritten text in the description area: "RUB + EIA"

Declaration

I/We declare the foregoing particulars are true in every respect.

05/11/2021
Policyholder's Signature / Date & Time

[Signature] 05-11-2021
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel