SS2721B90005 / Strides Automotive Services Pte Ltd ENTRY DATE & TIME: 09/11/2021 13:58 (SGT) SUBMITTED BY: LIM SING BEE (SMRT10) VERSION: 1 (09/11/2021 13:58 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to repudiate

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

09/11/2021 13:58 (SGT) 05/11/2021 14:09 (SGT) Opp Blk 639, Singapore

WOODLANDS AVE 6-AFTER BS:47549 (OPP BLK 639)

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SG5815X

INSURED/POLICYHOLDER

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

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

VEHICLE PARTICULARS

Alternative Phone No

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

Man MAN A95

Employment

accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

No - Claiming third party

Bus Auto 10518

INSURANCE COMPANY

Transmission

CC

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 NRIC No

WONG WAI KUAN SXXXX092F

25/09/1971 Outdoor Date Of Birth 17/03/2004 Occupation 17 YEARS AND 8 MONTHS **Date Of Driving Pass Driving experience** (Phone) +65-68662672 Gender Mobile Number Auto-Svcs-BARC@smrt.com.sg Alt. Phone Number **Email Address** 6 ANG MO KIO STREET 62 Address Address complement Postcode No Is the driver the policyholder? **Employee** If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? 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? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? **DETAILS OF POLICE ACTION** Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT My Bus slow down traveling on his extreme lane approaching Traffic Junction. A motorcycle on the bus right lane lost it balance and hit

head to rear on a private car follow by glazed against my bus right front body area.

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBF5731K Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Motorcycle Name of Driver UNKNOWN **Contact Number**

Address	
Address complement	÷ .
postcode	-
Insurance Company Name	- 4
Nature Of Damage	NTUC Income Insurance Co-operative Ltd
Details of property damaged in accident	
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	111111111111111111111111111111111111111
Gender	UNKNOWN
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBF5731K
Were seat belts worn?	- DI 3/3 IK
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

SG58152 Bus/11/21/7004

IMPORTANT NOTICE

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