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 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.

- 4. The issue and acceptance of this is form by instrained 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 12/11/2021 16:09 (SGT) Date of Accident 11/11/2021 09:06 (SGT) Exact Location of Accident Near 21 Eunos Cres, Block 21, Singapore 400021 Additional Location Information SLIP ROAD JLN EUNOS TWDS PIE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMB13791

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TOWER TRANSIT SINGAPORE PTE LTD Company Reg No 2XXXXX417K **Email Address** feedback@towertransit.sq Mobile Phone No (Phone) +65-18002480950 Alternative Phone No (Office) +65-18002480950

VEHICLE PARTICULARS

Manufacturer Man Model A22 Variant SINGLE DECK 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 11000

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd Type of Coverage Comprehensive Fleet Policy Yes Policy Number D-19094584MFBP Cover Note Number

DRIVER

Name of Driver SOO TECK LIE Work Permit No GXXXX630M

Date Of Birth 13/02/1992 Occupation Outdoor Date Of Driving Pass 18/03/2015 Driving experience 6 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-18002480950 Alt. Phone Number Email Address feedback@towertransit.sg Address C/O: 21 BULIM DRIVE Address complement **BULIM BUS DEPOT** Postcode 648170 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 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) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

| Vehicle Registration Number Vehicle Manufacturer | SJQ5268D Hyundai |
|--|---------------------|
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | _ |
| Vehicle Category | Private car |
| Name of Driver | _ |
| Contact Number | _ |
| Address | _ |
| Address complement | _ |



| Postcode | _ |
|---|--|
| Insurance Company Name | Auto & General Insurance (Singapore) Pte. Limited. |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |



Statement Form

| Employee Name | Soo Teck Lie | Employee ID | 13807 |
|---------------------|------------------------------------|------------------|----------|
| Designation | Bus Captain | Date Taken | 11112021 |
| Service No | 966 | Time Taken | 1705hrs |
| Bus Registration No | SMB1379L | Date of Incident | 11112021 |
| Duty Number | 966A03 | Time of Incident | 0906HRS |
| Nature of Incident | Bus graze by 3 rd party | vehicle | |

Details:

| I, BC13807 was driv SJQ5268D graze the sustained scratches no injury reported. | right side b | umper of my bus. | I came down to | check that my b | us SMB1379L | is |
|---|--------------|------------------|----------------|-----------------|-------------|----|
| | | | | | | |
| | | . 1 | | | | |
| | | | | | | |

*I confirmed that the above statement given by me is correct to the best of my knowledge.

| Soo Teck Lie 13807 | lie | 11/11/21 |
|----------------------|-----------|------------------------|
| Employee Name and ID | Signature | Date & Time |
| Statement Taken By: | T. | |
| 2-1BRAHM 13560 | dulait | Interchange Supervisor |
| Employee Name and ID | Signature | Designation |

Page 1 of 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

ANOT * OF SUNGYOUTH

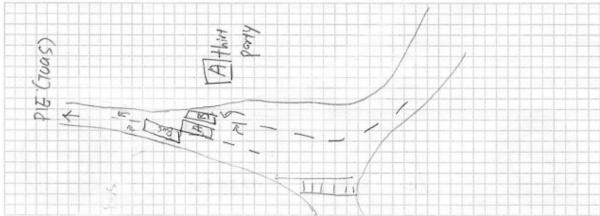
Policyholder's Signature / Date &

M 11/11/21 1738 Pm
Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

SINGA

Sketch Plan



| | PLEASE | PAFER | TO BC | Statems | NT |
|--|-------------------------|----------------|---|---------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | 46 |
| | | | | 164 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | 100 |
| | | | | | |
| | | | La | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | 1000 | | | | See and the contract |
| | | | | | |
| | | | | | 7-7-27 - V-1 |
| | | | | | THE DESIGNATION |
| | | 1948 F | -15141 | 373 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | ~ | |
| | | | | | |
| claration | | | | | |
| declare the foregoing | particulars are true in | every respect. | | | |
| SINGADO | | | | | SINGAPOR |
| AAN SOLATION DE LA CONTRACTION | | | | | TRANS NO. 12 P. J. |
| (F) /m/ | 1- | | | | F. 1m |
| SMOT * OF | 11, | 11. 120 | 17.7 | 8 pm | SANOT * OF |