

## 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 ..... 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 ..... SMB1379L

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TOWER TRANSIT SINGAPORE PTE LTD  
Company Reg No ..... 2XXXXX417K  
Email Address ..... feedback@towertransit.sg  
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 .....	Male
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 .....	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

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 .....	SJQ5268D
Vehicle Manufacturer .....	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 <sup>rd</sup> party vehicle		

## Details:

I, BC13807 was driving at the inner left lane along Jalan Eunus slip road to PIE Tuas, this car SJQ5268D graze the right side bumper of my bus. I came down to check that my bus SMB1379L sustained scratches, whereby SJQ5268D left bumper scratch and left body slightly dented. There is no injury reported.

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

<u>Soo Teck Lie 13807</u>	<u>Lie</u>	<u>11/11/21</u>
Employee Name and ID	Signature	Date & Time
<b>Statement Taken By:</b>		
<u>N-IBRAHIM 13560</u>	<u>Subaid</u>	<u>Interchange Supervisor</u>
Employee Name and ID	Signature	Designation



**Describe Circumstances of the Accident**

PLEASE REFER TO BC STATEMENT

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*He* 11/11/21 1738 pm

Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel