

## 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 15:55 (SGT)  
Date of Accident ..... 05/11/2021 05:43 (SGT)  
Exact Location of Accident ..... Woodlands, Singapore  
Additional Location Information ..... JUNCT OF WOODLANDS AVE 7 & AVE 2 TWDS TPE  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SG6018Z

#### 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 ..... A95  
Variant ..... DOUBLE 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 ..... 12000

#### 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 ..... A SELVA KUMAR  
NRIC No ..... SXXXX704G

Date Of Birth .....	23/01/1963
Occupation .....	Outdoor
Date Of Driving Pass .....	09/10/2018
Driving experience .....	3 YEARS AND 1 MONTH
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 .....	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? .....	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 .....	SMU7032Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-

Postcode .....	-
Insurance Company Name .....	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-



## Statement Form

Employee Name	A Selva Kumar	Employee ID	13089
Designation	BC	Date Taken	05.11.2021
Service No	969	Time Taken	1400hrs
Bus Registration No	SG6018Z	Date of Incident	05.11.2021
Duty Number	969A06	Time of Incident	0543hrs
Nature of Incident	Private vehicle SMU7032Y side swipe hit the bus SG6018Z at the Junction of Woodlands Ave 7 and Woodlands Ave 2 after bus interchange BS 46009 (towards Tampines interchange)		

## Details:

I BC13089 reported that my duty 969A06 bus SG6018Z that Private vehicle SMU7032Y side swipe hit the bus SG6018Z at the above-mentioned location at about 0539hrs. This my first trip departure time 0537hrs at WITH.

No injuries reported.

Damage on the private vehicle SMU7032Y left front body scratches.

Damage on the bus SG6018Z right front body scratches.

0 Passengers onboard bus at time of accidents.

Bus continue service at 0603hrs after I exchange particular with 3<sup>rd</sup> party driver.

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

A. SELVAKUMAR 13089 \_\_\_\_\_ 05/11/2021 1500hrs  
Employee Name and ID Signature Date & Time

## Statement Taken By:

K/No Lip cher 13352 \_\_\_\_\_  
Employee Name and ID Signature Interchange Supervisor

Designation

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**SKETCH PLAN****IMPORTANT NOTICE**

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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.

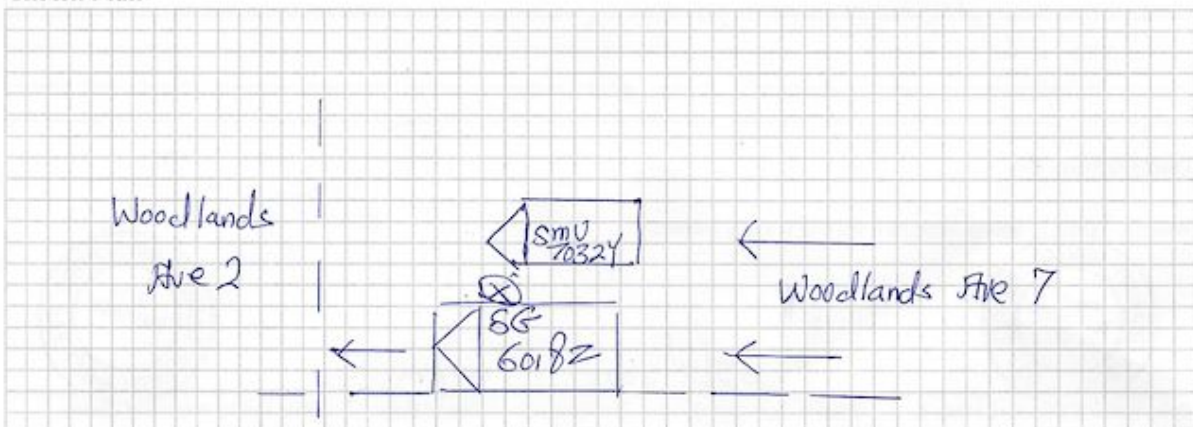


Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

**Sketch Plan**

Describe Circumstances of the Accident

*Refer BC statement*

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]* 05/11/2021 1500 pm

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



Witnessed by Reporting Centre Personnel



