

# 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 ..... 19/11/2021 11:09 (SGT)  
Date of Accident ..... 15/11/2021 16:27 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... ALONG PIE BEFORE BKE EXIT (TOWARDS CCKI)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMB11D

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SMRT BUSES LTD  
Company Reg No ..... 1XXXXX292D  
Email Address ..... Auto-Svcs-BARC@smrt.com.sg  
Mobile Phone No ..... (Phone) +65-68662672  
Alternative Phone No ..... (Office) +65-68662672

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... MBOC500  
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 ..... 11967

### INSURANCE COMPANY

Name of Insurance Company ..... MS First Capital Insurance Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... Yes  
Policy Number ..... D-21097498MFBP  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MOHAMED ZULKIFFELI BIN ZAINAL ABIDIN  
NRIC No ..... SXXXX632J

Date Of Birth 24/12/1970  
 Occupation Outdoor  
 Date Of Driving Pass 16/10/1993  
 Driving experience 28 YEARS AND 1 MONTH  
 Gender Male  
 Mobile Number (Phone) +65-68662672  
 Alt. Phone Number -  
 Email Address Auto-Svcs-BARC@smrt.com.sg  
 Address 6 ANG MO KIO STREET 62  
 Address complement -  
 Postcode -  
 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? Yes  
 Police Station Name Traffic Police  
 Police Station Phone No (Phone) +65-65470000  
 Alt. Police Station Phone No (Fax) +65-65474900  
 Police Station Address 10 Ubi Avenue 3 Singapore 408865  
 Was notice of intended Prosecution given? No  
 If yes, against whom? -

#### CIRCUMSTANCES OF ACCIDENT

Police Report No. T/20211116/7003  
 On 15/11/2021 at 1627hrs, while I was driving my bus (SMB11D) on the 3rd lane of the 5 lane road along PIE towards Tuas(near to BKE exit), a lorry(YP2498D) whom was travelling on the right lane collided onto my right side mirror. I then honked at the driver to alert him however he did not stop his vehicle. My bus suffered a crack on its right side mirror. No one was injured. There is an in vehicle camera installed in my bus.

#### 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? No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YP2498D  
 Vehicle Manufacturer -

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC Income Insurance Co-operative Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



SMB 11 D  
Bus 11/01/2016

SKETCH PLAN

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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.
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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 the 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 purposes 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 any 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/packaging); 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;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time

*[Signature]*

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



Reporting Centre Personnel's Signature  
Name:  
NR 001110

SKETCH PLAN

P 24



3MB11D

PIE Towards TUGS (near ...)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Lined area for describing the circumstances of the accident.

DECLARATION

We declare that the above particulars are true in every respect

Policy holder's  
Date & Time



Driver's Signature  
(If driver is not the policy holder)  
Date & Time

*[Signature]*

Reporting Center's Personnel's Signature  
Name:  
Telephone No.




**SINGAPORE  
POLICE FORCE**


1 of 3

Report No. T/20211116/7003

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/11/2021 01:40		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMED ZULKIFFELI BIN ZAINAL ABIDIN			Address:		
ID Type / ID No.: NRIC NO /			Contact No.:		Mobile:
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth:	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Bus Captain			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/11/2021 16:27	Type of Location: STRAIGHT ROAD
Location:  PIE TOWARD TUAS(NEAR BKE EXIT)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: BETWEEN MOVING VEHICLES - SIDE SWEPT				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMB11D	BUS				Slightly Damaged	0
YP2498D	YP2498D					0



**SINGAPORE  
POLICE FORCE**



T/20211116/7003

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No. 85470000

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Report No: T/20211116/7003

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	MOHAMED ZULKIFFELI BIN ZAINAL ABIDIN	ID No.	
Related Vehicle	SMB11D (BUS)	Contact No.	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

## Brief Details:

On 15/11/2021 at 1627hrs, while I was driving my bus (SMB11D) on the 3rd lane of the 5 lane road along PUL towards Tuas (near to RKF exit), a lorry (YP2498D) whom was travelling on the right lane collided onto my right side mirror. I then honked at the driver to alert him however he did not stop his vehicle. My bus suffered a crack on its right side mirror. No one was injured. There is an in vehicle camera installed in my bus.

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



F20211116/7003

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Report No: F20211116/7003

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
IRMAN BIN MOHAMAD SAID  
Contact No.: 65476145

Signature Of Informant:

The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
16/11/2021 01:40

Classification Of Case:

This report is lodged at Choa Chu Kang NPP Kiosk 1  
NP168