

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 25/11/2021 11:14 (SGT)
Date of Accident 24/11/2021 13:16 (SGT)
Exact Location of Accident 20 Tampines Central 1, Singapore 529538
Additional Location Information TAMPINES CENTRAL 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SG5869R

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 MUHAMMAD HAMZAH BI MOHD ZAINI
NRIC No SXXXX103B

Date Of Birth	21/10/1977
Occupation	Outdoor
Date Of Driving Pass	04/02/2014
Driving experience	7 YEARS AND 9 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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

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	YM9310G
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Fuso
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	ISMAIL BIN AB JALIL
NRIC No	SXXXX449H
Contact Number	-
Address	-

Address complement	-
Postcode	-
Insurance Company Name	MS First Capital Insurance Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



Statement Form

Employee Name	Muhammad Hamzah Bin Mohd Zaini	Employee ID	13594
Designation	BC	Date Taken	24-11-2021
Service No	969	Time Taken	1456hrs
Bus Registration No	SG5869R	Date of Incident	24-11-2021
Duty Number	969A11	Time of Incident	1316hrs
Nature of Incident	Side swipe with lorry		

Details:

I BC 13594 On 24/11/2021 at about 1316hrs was driving bus number SG5869R doing svc 969 towards to tampines interchange. When I reach at Tampines Ctrl 1 after Tampines 6 Junction I stop at traffic light. When I turn right my bus suddenly, I heard sound from behind and I saw one lorry behind my bus horn at my bus. After that I stop my bus to check what happen and I found the rear left side CCTV dislodge. After that Inform Bocc and exchange particular with lorry driver. Lorry sustained right hand side center body dented. No injury to my passenger and lorry driver. Lorry plate number YM9310G.

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

Muhammad Hamzah 13594

Employee Name and ID

Signature

24/11/2021 1517hrs

Date & Time

Statement Taken By:

Mohd Faisal 11118

Employee Name and ID

Signature

Interchange Supervisor

24/11/2021 1517hrs

Designation

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SKETCH PLAN

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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

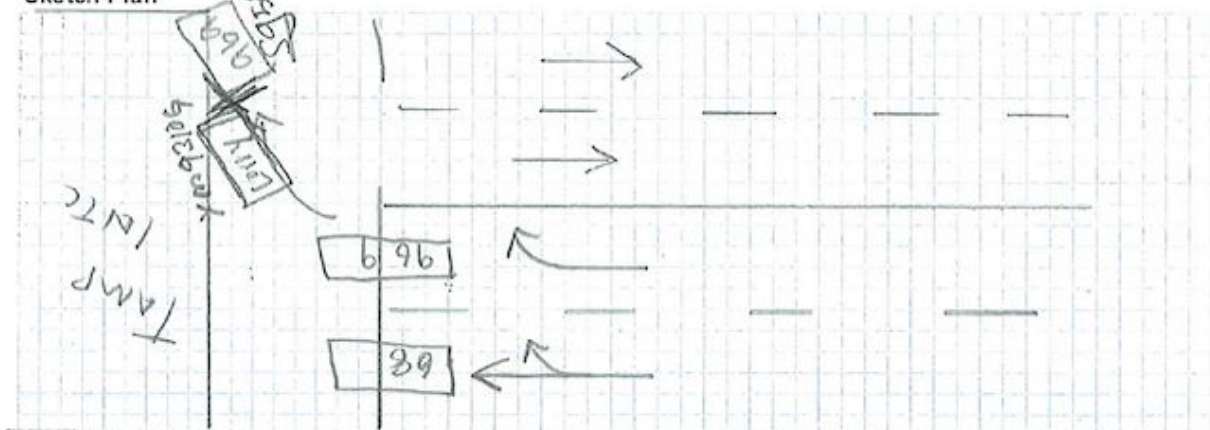
Handwritten signature: Samuel
24/11/2021
1517 hrs

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



Witnessed by Reporting Centre Personnel

Sketch Plan



[illegible]

We declare the foregoing particulars are true in every respect.



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

