

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 10/12/2021 09:57 (SGT)
Date of Accident 05/12/2021 16:34 (SGT)
Exact Location of Accident Yishun Ave 6 & Yishun Ave 7, Singapore 752106
Additional Location Information YISHUN AVE. 6 ROAD AND YISHUN AVE. 7 ROAD JUNCTION
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMB3123U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SBS TRANSIT LTD
Company Reg No 1XXXXXXXXXXTE01
Email Address thammk@sbstransit.com.sg
Mobile Phone No (Phone) +65-63754198
Alternative Phone No (Office) +65-63754198

VEHICLE PARTICULARS

Manufacturer Man
Model A22 EU5
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 10518

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Type of Coverage ActLiability
Fleet Policy No
Policy Number D-21097501MFBP
Cover Note Number -

DRIVER

Name of Driver So Lip Wee
NRIC No SXXXX785F

Date Of Birth	15/08/1978		
Occupation	Outdoor		
Date Of Driving Pass	15/08/2017		
Driving experience	4 YEARS AND 4 MONTHS		
Gender	Male		
Mobile Number	(Phone) +65-93913397		
Alt. Phone Number	-		
Email Address	thammk@sbstransit.com.sg		
Address	Blk 558 Ang Mo Kio Ave 10	#08-1780	Postal Code :
	560558		
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	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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I stopped on the left most lane along Yishun Ave. 6 road at the traffic junction with Yishun Ave. 7 road. The traffic light was red. Suddenly I felt a collision from the rear. I discovered a lorry (GBA6666K) had collided onto the rear of my bus. At that point of time there were 4 passengers in my bus, I enquired with them and they told me that they were fine. Afterwhich, I exchanged particulars with the lorry driver and he informed me that he could not stop on time resulted in the accident. The bus 's rear was dented. That 's all .

ATTACHMENT(S)

Are accident photos available for attachment? No
 Was there any video captured by Car Camera? No
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBA6666K
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Goods vehicle
 Name of Driver Mr Lim Winson
 Contact Number (Phone) +65-85518515
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident FRONT DMG
 No. Of Passenger (Including Driver) -

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

[illegible]

Declaration

I/We declare the foregoing particulars are true in every respect.

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



F/20211206/2047

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POLICE REPORT (NP299)

Report No. F/20211206/2047

Police Station Of Origin
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Date/Time Report Made 06/12/2021 14:20	Vide Report No.	Station Diary No. 17
Name Of Informant SO LIP WEE	Address APT BLK 558 ANG MO KIO AVENUE 10 #08-1780 SINGAPORE 560558	
ID Type / ID No. NRIC NO / S7889785F	Contact No. Home/Office Mobile 93913397	
Nationality MALAYSIAN	Email Address	
Occupation BUS DRIVER	Sex Male	Age 43
Institution/School Name	Date of Birth 15/08/1978	Race Chinese
Date/Time Of Incident 05/12/2021 16:40	Location Of Incident YISHUN AVENUE 6 SINGAPORE X Junction of Avenue 6 and 7	

Brief details.

I am working as SBS bus captain.

On 05/12/2021 at about 1642hrs, I was driving company bus SMB3123U bus service 811 along Yishun Avenue 6 towards Avenue 7 at the most left lane. I stopped my bus at the cross junction of Yishun Avenue 6 and 7 as the traffic light was red.

Signature Of Officer Recording The Report:
F / Sgt 3 TAY YU ZHI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/12/2021 14:20

Officer In-Charge Of Case:
F / Ang Mo Kio South N.P.C /
SI MUHAMMAD RAIMI BIN MIS NAM
Contact No.: 64519999

Classification Of Case:

Authentication Stamp





SINGAPORE
POLICE FORCE



F/20211206/2047

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20211206/2047

Suddenly I felt a collision from the rear and I discovered one lorry bearing registration plate GBA6666K had collided onto my vehicle's rear. At the point of time there is 4 passengers in my bus and I enquired with 4 of them and they informed they are fine.

Afterwhich I exchanged particulars with the lorry driver and he informed that he couldn't stop in time as such resulted into the accident.

I wish to state that there is CCTV all around the bus and captured the accident. The bus's rear was dented due to the collision.

I was advised by my company to lodge a police report. I didn't suffer any injury.

Details of the driver of GBA6666K are as follows:

Name: Winson Lim

NRIC: S8031963J

HP: 85518515

Signature Of Officer Recording The Report:
F / Sgt 3 TAY YU ZHI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/12/2021 14:20

Officer In-Charge Of Case:
F / Ang Mo Kio South N.P.C /
SI MUHAMMAD RAIMI BIN MIS NAM
Contact No.: 64519999

Classification Of Case:

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