



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 09:26 (SGT)
Date of Accident 08/12/2021 14:06 (SGT)
Exact Location of Accident Jurong West, Singapore
Additional Location Information JUNCTION OF JURONG WEST AVE 1 & ST 41
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBS3388M

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 Volvo
Model B9tl
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 Muhamad Irfan Bin Abdul Malik
NRIC No SXXXX302Z

Date Of Birth 03/04/1981
 Occupation Outdoor
 Date Of Driving Pass 16/04/2016
 Driving experience 5 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 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
 Reasons for not uploading a video of the accident FILE TOO BIG
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMB166R
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Bus
 Name of Driver -
 Contact Number -
 Address -

complement	-
de	-
Insurance Company Name	-
Area Of Damage	-
Details of property damaged in accident	SMRT
Name Of Passenger (Including Driver)	-

Shop
 37410
 No.
 No.
 Insured:
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 File Return



Statement Form

BC Name : Muhammad Irfan Bin Abdul Malik. Date Taken : 08/Dec/2021.

BC No : BC 11204. Time Taken : 1610hrs.

Nature of Incident : SMRT Bus Hit onto TTS Bus.

Date of Incident : 08/Dec/2021. Time of Incident : 1406hrs..

Service No : 98 Bus Reg No : SBS3388M Duty No : 098A10.

Details : . On 08-12-2021 at about 1406hrs. I BC 11204 on svc 98A01, driving bus no SBS3388M. While I was driving at Junction of Jurong West Ave 1 and Jurong West St 41 After BS/28501. Suddenly SMRT bus from right cut in front of my bus and hit my side right Mirror. The is 18 passengers on board my bus. No injuries reported. I inform Bocc the Incident. SMRT bus stop his bus at the bus stop and take photos of the bus. After that I exchange particulars continue my service.

Damage of my bus SBS3388M right side mirror slight crack on its cover.

Damage of the bus SMB166R sustained no damaged.

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

Muhammad Irfan/ BC11204.

BC Name & No.

Signature

08-12-2021/1610hrs.

Date & Time

Statement Taken By:

Sivakumar S/O T. S

Name

IS

Designation

Signature

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 insurers 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

Sketch Plan

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



Witnessed by Reporting Centre Personnel

