

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	13/12/2021 16:07 (SGT)
Date of Accident	10/12/2021 13:42 (SGT)
Exact Location of Accident	Esplanade Dr & Stamford Rd, Singapore
Additional Location Information	Esplanade Dr, Esplanade Bridge B/S:02111 >TMI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG5318P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SBS TRANSIT LTD
Company Reg No	1XXXXXXXXXXTE01
Email Address	seahhh@sbstransit.com.sg
Mobile Phone No	(Phone) +65-62444534
Alternative Phone No	(Office) +65-62444534

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	B9tl
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	9364

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	Teo Tiong Heng
NRIC No	SXXXX381J

Date Of Birth	09/07/1962		
Occupation	Outdoor		
Date Of Driving Pass	06/08/1986		
Driving experience	35 YEARS AND 4 MONTHS		
Gender	Male		
Mobile Number	(Phone) +65-83288454		
Alt. Phone Number	-		
Email Address	seahhh@sbstransit.com.sg		
Address	512, Tampines Central 1		
Address complement	Blk 62 New Upper Changi Rd	#10-1194	Postal Code :
	460062		
Postcode	Singapore 520512		
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 - Cross Junction
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)	8
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

PASSENGER 5

Name	UNKNOWN
Gender	Male

PASSENGER 6

Name	UNKNOWN
Gender	Female

PASSENGER 7

Name	UNKNOWN
Gender	Male

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

When it was green light at the junction for me to proceed straight, I then moved straight into the junction in my lane. But out of the sudden when my front was into the junction box, the private car SMV968M which on RHS just cut across my lane as it intend to turn right into Stamford Road. As a result its RHS collided with my bus front RHS. OCC was informed. After exchanged details with 3P, I was told to RTD my bus back to WS. No injury. 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 SMV968M
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver Anja Chong
 Contact Number (Phone) +65-96578982
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage left body damaged
 Details of property damaged in accident left body damaged
 No. Of Passenger (Including Driver) -

WITNESS DETAILS

WITNESS 1

Name Sophie
 Phone (Phone) +65-90482179
 Email -

WITNESS 2

Name Shaivice
 Phone (Phone) +65-90407929
 Email -

