

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	04/01/2022 10:56 (SGT)
Date of Accident	30/12/2021 20:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Toh Guan Rd
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS3128Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SBS Transit LTD
Company Reg No	199206653MPTE01
Email Address	changsp@sbstransit.com.sg
Mobile Phone No	(Phone) +65-99999999
Alternative Phone No	(Office) +65-65529606

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	Chin Wai Loon
Passport No/FIN	G2817657R

Date Of Birth	04/09/1993
Occupation	Outdoor
Date Of Driving Pass	29/06/2017
Driving experience	4 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-99999999
Alt. Phone Number	-
Email Address	changsp@sbstransit.com.sg
Address	15, Ang Mo Kio St 63
Address complement	-
Postcode	569117
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	3
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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

On 30/12/2021 at about 2015hrs, I was driving bus service number 52 bearing bus registration number SBS3128Y along Toh Guan Rd towards IMM. While making a right turn, a car bearing registration number SJL8197G was traveling straight, beat the red light and collided with my vehicle. The accident happened occurred when the car SJL8197G collided with SLR8092U first then it collided with my bus thereafter. There were no passengers injured. I went to make a check, took some photos of the accident and exchanged particulars with other drivers that are involved. TP was at scene and a case card was given to me vide D/20211230/0110. Traffic Police then told me to lodge a Police Report. I also reported this incident to my company.

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 SJL8197G
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident front portion damaged
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLR8092U
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

30/12/2021

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20:18

