

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	09/03/2022 13:04 (SGT)
Date of Accident	19/02/2022 17:16 (SGT)
Exact Location of Accident	Blk 708, Singapore
Additional Location Information	Choa Chu Kang North 5 aft (BS: 45301 - Blk 708)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB1582R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SMRT BUSES LTD
Company Reg No	1XXXXX292D
Email Address	Auto-Svcs-BARC@smrt.com.sg
Mobile Phone No	(Phone) +65-68662672
Alternative Phone No	(Office) +65-68662672

VEHICLE PARTICULARS

Manufacturer	Man
Model	Ng363f
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	ThirdParty
Fleet Policy	Yes
Policy Number	D-21097498MFBP
Cover Note Number	-

DRIVER

Name of Driver	Mohammad Baharin Bin Ismail
NRIC No	SXXXX125I

Date Of Birth
Occupation
Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

15/01/1971
Outdoor
11/02/2021
1 YEAR
Male
(Phone) +65-68662672
-
Auto-Svcs-BARC@smrt.com.sg
60 WOODLANDS INDUSTRIAL PARK E4
-
-
No
Employee
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Major/Minor Rd
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? Yes
Was any injured conveyed to hospital by ambulance? No
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

On 18/2/2022 at around 0005hrs, I was travelling on the single lane of the 02 ways direction heading towards the direction of CCK Bus Interchange on Svc 307, SMB1582R. My bus speed was around 20-25km/hrs. Bus was approaching the non-signalized T-junction, I noticed that there was no vehicle on my right side ahead along the side road stop line, so I continued to move on. When bus was halfway passing through the yellow box, the third-party car exited out from the side road without stopping at its stop line and make its right turn and grazed against my bus right front bumper. Upon seeing this I immediately brake on my bus to avoid but could not avoid resulting in this SS accident case. When bus had fully stopped along the roadside, a Chinese female pax in her 60s approached and complained of pain to her left wrist but left the scene without providing her particulars. After exchanging particulars with the private car driver, the bus was arranged to continue service from location. I conducted damage check on my bus and noticed that my bus Front Right Bumper Scratched. While the pte Car had its Left Rear Door and Body Dented.

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 SLG5958A
Vehicle Manufacturer -
Vehicle Model -

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	UNKNOWN
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	NTUC Income Insurance Co-operative Ltd
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN CHINESE
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	60
Injuries Sustained	-
Injured person in which vehicle?	SMB1582R
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 23/1/2019



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 2138



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

I/We declare the



ars are true in every respect.

Policyholder's Signature _____

Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time: 22/11/2021

Date & Time: 23/11/2017



Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.: 23A