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 witholding 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 the insurance of the production by interested parties. 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 07/04/2022 19:07 (SGT) Date of Accident 06/04/2022 19:39 (SGT) Exact Location of Accident Near 700B Ang Mo Kio Ave 6, Block 700B, Singapore 562700 Additional Location Information Ang Mo Kio Ave 3 before b/s 54241 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

9364

Vehicle Registration Number SBS3087G

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SBS TRANSIT LTD Company Reg No 199206653MPTE01 **Email Address** leehi@sbstransit.com.sq Mobile Phone No (Phone) +65-99999999 Alternative Phone No (Office) +65-65151383

VEHICLE PARTICULARS

Manufacturer

Volvo Model B9tl Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Bus Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd Type of Coverage ActLiability Fleet Policy Policy Number D-21097501MFBP Cover Note Number

DRIVER

Name of Driver **CHAN CHUN WYE** Work Permit No G6919759R

Date Of Birth 09/02/1987 Occupation Outdoor Date Of Driving Pass 12/12/2014 Driving experience 7 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-99999999 Alt. Phone Number Email Address leehj@sbstransit.com.sg NO. 25 JALAN PERUBATAN 23 TAMAN UNIVERSITI SKUDAI JB Address **MALAYSIA** Address complement Postcode 81300 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 Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 11 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 Name **UNKNOWN** Gender Male PASSENGER 2 Name **UNKNOWN** Gender PASSENGER 3 Name **UNKNOWN** Gender Male PASSENGER 4 Name **UNKNOWN** Gender Male PASSENGER 5 Name **UNKNOWN** Gender Female PASSENGER 6 Name **UNKNOWN** Gender Female PASSENGER 7 **UNKNOWN** Female

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

According to BC 76287: I was driving at the left lane along the mentioned junction, there was a van (GBG9730G) at right lane. While crossing the traffic light junction, the van had sideswiped with my bus. I stopped my bus after the junction and make a check. No one was injured during the incident. OCC was informed and I was instructed to continue with my service after exchanging particulars with 3P.

ATTACHMENT(S)

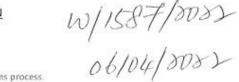
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer	GBG9730G
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MR. GAN
Contact Number	(Phone) +65-83604258
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	LHS DOOR AND BODY DENTED WITH SCRATCHES
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE



- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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.
- By the lodgment 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.
- 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:
 - 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.

VIVIEN LEE RUEY JIUAN Safety Officer Ulu Pandan Depot

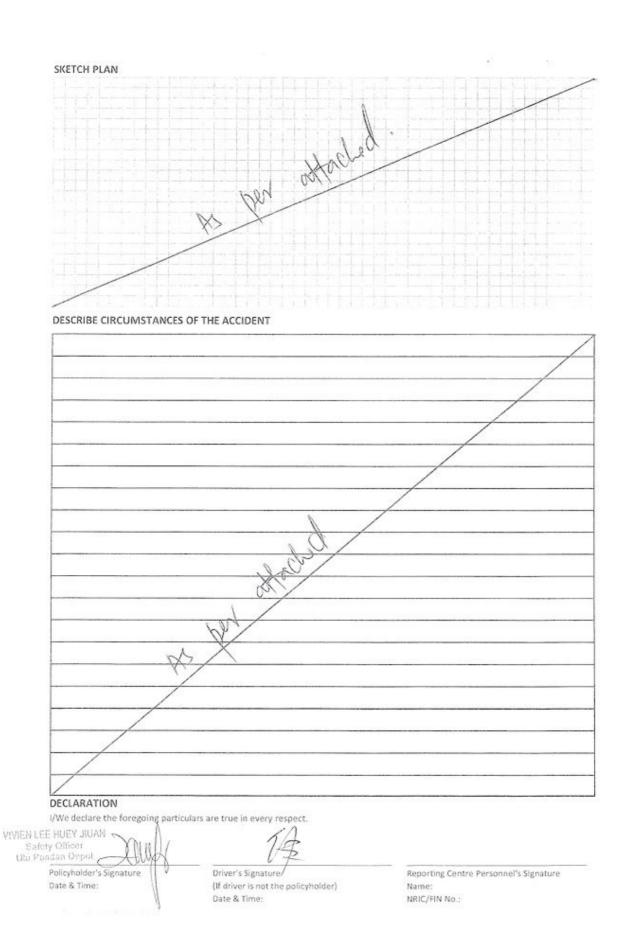
> Policyholder's Signature Date & Time:

Oriver's Signature

(If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

Salar Burnstein out to



Sketch Plan A-SB\$30876 B-GBF97306	NO In charge : Anclion Gol Report No : WILS 7120-22 Date & Time Acc : O6/04/2022 選外日期與時間: 1939から Bus No: 巴士車牌: SB\$308 79 Svc No: 路線: 132 BC No: 工腺機両: 7628 7 BC Name: 姓名: xchan chun wy Signature: 第名: x 1年 Date: 日期: 07/04/2022 Ang MO KIO AVE 3
A A A	
D	Ang mo kio Ave 3