

# 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 .....	12/05/2022 15:56 (SGT)
Date of Accident .....	11/05/2022 04:15 (SGT)
Exact Location of Accident .....	Sengkang, Singapore
Additional Location Information .....	SENGKANG DEPOT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YQ293K
-----------------------------------	--------

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SBS TRANSIT RAIL PTE LTD
Company Reg No .....	201202781W
Email Address .....	BENCCH@SBSTRANSIT.COM.SG
Mobile Phone No .....	(Phone) +65-96825847
Alternative Phone No .....	(Office) +65-64132000

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	Sprinter
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? .....	Yes
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	3000

### INSURANCE COMPANY

Name of Insurance Company .....	MS First Capital Insurance Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	-
Cover Note Number .....	001402

### DRIVER

Name of Driver .....	LIEW HOCK MENG
NRIC No .....	S7212748Z

Date Of Birth .....	28/03/1972
Occupation .....	Indoor
Date Of Driving Pass .....	13/02/2014
Driving experience .....	8 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93805513
Alt. Phone Number .....	(Office) +65-93805513
Email Address .....	BENCCH@SBSTRANSIT.COM.SG
Address .....	BLK 107A CANBERRA STREET #14-573
Address complement .....	-
Postcode .....	751107
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 .....	Hit by fallen tree / Other objects
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
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

#### REFER ATTACHMENT

##### 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 .....	NOT PROVIDED
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	-
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
Name of Driver .....	-
Contact Number .....	-
Address .....	-

Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	SLIGHT
Details of property damaged in accident .....	PILLAR
No. Of Passenger (Including Driver) .....	-

#### WITNESS DETAILS

##### WITNESS 1

Name .....	HALIM SHAH
Phone .....	(Phone) +65-96674048
Email .....	-

SKETCH PLAN

**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 willful 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. 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.
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.
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.

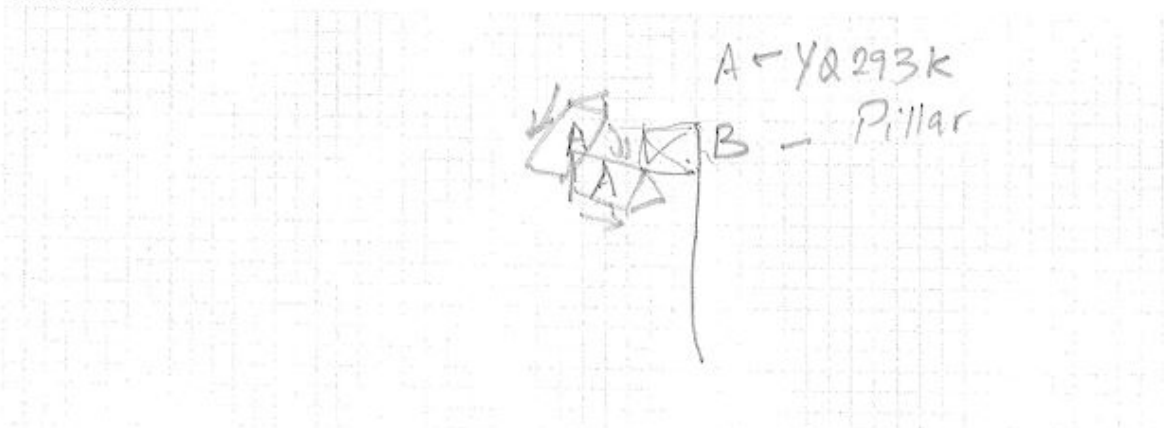
SBS TRANSIT RAIL PTE LTD  
91 Sengkang East Avenue  
SINGAPORE 545072

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



## Describe Circumstances of the Accident

I was alone driving Truck YQ293K back from  
sliding after attend Train Fault.

At that time was heavy rain and car screen visual was  
not so clear. It cause me accidentally knock  
into pillar while i making three way / turn point.  
There were damage at left hand side head light  
plastic cover and a slight dent.

No one was injury including me.

## Declaration

We declare the foregoing particulars are true in every respect.

SBS TRANSIT RAIL PTE LTD  
91 Sengkang East Avenue  
SINGAPORE 545072

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel



SBS Transit Rail Pte Ltd  
North East Line/  
Sengkang-Punggol LRT  
91 Sengkang East Ave  
Singapore 545072

Mainline +65 6413 2000  
Facsimile +65 6388 0520

[www.sbstransit.com.sg](http://www.sbstransit.com.sg)

Company Registration No. 201302781T

Dear Sir/Mdm,

RE: LETTER OF AUTHORIZATION

VEHICLE NUMBER : YQ293K

This is to authorize my staff, Liew Hock Meng, S7212748Z (Fin Number) to make the GA report and submit the claim on behalf of the company.

Please feel free to contact me at 96825847 shall you required further clarification.

Thank You

Yours Faithfully,

Lee Hwee Kiat

SBS Transit Rail Pte Ltd

A member of  
**COMFORT DELGRO**

SBS Transit Ltd  
Registered Address: 205 Braddell Road, Singapore 579701





**MS FirstCapital**

 A Member of **MS&AD** INSURANCE GROUP

**ORIGINAL**

 Company, Reg. No. 195000106C  
 GST Reg. No. M2-0001676-9

 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLE (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

**Cover Note No. 001402**

 Date 25 MAR 20 22
**SBS TRANSIT RAIL PTE LTD**

having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of


**COMPREHENSIVE**
**DATE OF TRANSFER**

 Policy applicable thereto for the period from 0.01 a.m./p.m.

 to midnight or **FOR 1 YEAR**


unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk and provided that an insurance covering the aforesaid liability has not been effected with other authorised insurers.

**SCHEDULE**

Make and Type of Body	Year of Manufacture	Cubic Capacity / Carrying Capacity	Proposer's estimate of present value including accessories	Type	Excess
				Private Car	\$2000 All Claims
				Commercial Vehicle	
				Motor Cycle	
	Engine No.	As Per LISTING ATTACHED			
	Chassis No.				
Use		Authorised Driver			Registered No
IN CONNECTION WITH THE INSURED'S BUSINESS		ANY AUTHORISED DRIVERS			As Per LISTING ATTACHED

**CERTIFICATE OF INSURANCE**

I / WE HEREBY CERTIFY that this covering note is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

 Agency Code: B0101
**IMPORTANT NOTE**

Please note that this Cover Note should be replaced by a Certificate of Insurance as soon as possible

 Approved Insurers  
 for MS First Capital Insurance Limited

Authorised Signatory

**MS First Capital Insurance Limited**

 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547 Website: <http://www.msfirstcapital.com.sg>  
 Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849





















