

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 16/05/2022 14:03 (SGT)
Date of Accident 14/05/2022 12:25 (SGT)
Exact Location of Accident Ang Mo Kio Ave 3, Singapore
Additional Location Information ANG MO KIO AVE 3 - BS 54247
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMB5078D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TOWER TRANSIT SINGAPORE PTE LTD
Company Reg No 201419417K
Email Address feedback@towertransit.sg
Mobile Phone No (Phone) +65-18002480950
Alternative Phone No (Office) +65-18002480950

VEHICLE PARTICULARS

Manufacturer Alexander Dennis
Model ENVIRO500
Variant double deck
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 - Reporting only
Vehicle Category Bus
Transmission Auto
CC 13000

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D-19094584MFBP
Cover Note Number -

DRIVER

Name of Driver LIANG CHEE YIT
Work Permit No G2322068M

Date Of Birth	31/05/1978
Occupation	Outdoor
Date Of Driving Pass	25/09/2014
Driving experience	7 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-18002480950
Alt. Phone Number	-
Email Address	feedback@towertransit.sg
Address	C/O : 21 BULIM DRIVE
Address complement	BULIM BUS DEPOT
Postcode	648170
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	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)	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

PLEASE REFER ATTACHED

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	FILE TOO BIG
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK3894K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
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)	-

IBT.202205.0892/ Accident/ Incident SVC 69/ SMB5078D/ BC13423 / 14.05.2022

1. Caller's Name: Mr Zaki
2. Contact Number: 81891103
3. Email Address: NA
4. Vehicle Registration Number (if any): SMB5078D
5. BC Name and ID: Liang Chee Yit 13423
6. Bus Service No. : 169
7. Date and Time of Incident: 14/05/2022 12:37 PM
8. Incident Location: In front Of AMK Hub near the traffice light
9. Boarding Point and Time: NA
10. Alighting Point and Time: NA
11. Travelling Towards: NA
12. 16-Digit EZLink CAN: NA
13. Case Details:
 - 12.37pm
 - VRN SMB5078D
 - Liang Chee Yit G2322068M
 - In front Of AMK Hub near the traffice light
 - Caller mention the Bus was behind callers vehicle (Van) GBK3894K , The Bc was trying to overtake the caller from the right and the bus hit the back callers vehicle. Caller mention he had exchange details with the BC.

SKETCH PLAN

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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.



Policyholder's Signature / Date & Time

[Signature] 13/03 14/05/20

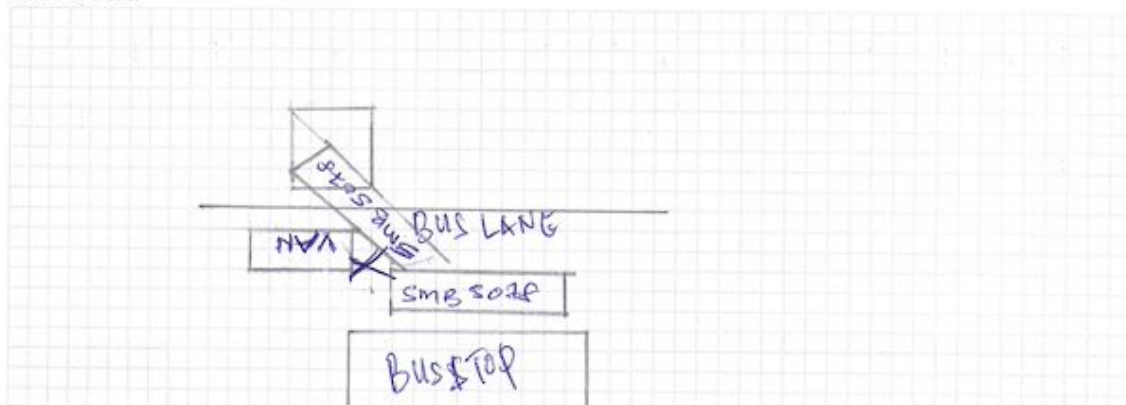
Driver's Signature (If driver is not the policyholder) / Date & Time

2020KPS



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO STATEMENT

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature] 13423

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

14/05/2022

2020



Witnessed by Reporting Centre Personnel



Statement Form

Employee Name	Liang Chee Yit	Employee ID	13423
Designation	Bus Captain	Date Taken	14/05/2022
Service No	169	Time Taken	1959HRS
Bus Registration No	SMB5078D	Date of Incident	14/05/2022
Duty Number	A09	Time of Incident	1225HRS
Nature of Incident	Accident with a van		

Details:

I am BC13423 Liang Chee Yit on duty 169A09 was driving SMB5078D 14th May 2022 at 1225 HRS,

While I was driving Along Ang Mo Kio Ave 3 at BS54247 and was filtering out from the bus stop after picking up pax's. One van overtook Infront of me into the bus lane and waited. While I was turning right into the yellow box I mis judge the van Infront of my bus as result my bus substance left rear body scratches. While the Van sustained scratches on right rear corner body

15 pax onboard when incident happened, and no injuries was reported.

My bus come with 360 cameras.

I then continued service after the incident without reporting on the spot. I only reported that accident at 1443HRS.

*I confirmed that the above statement given by me is correct to the best of my knowledge.

LIANG CHEE YIT 13423

Employee Name and ID

Signature

14/05/2022 2039HRS

Date & Time

Statement Taken By:

RUTHVEN HAVEN 13754

Employee Name and ID

Signature

Interchange Supervisor

Designation



Statement Form

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Signature

14/05/2022 2039HRS

Date & Time

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