

# 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 .....	17/05/2022 10:17 (SGT)
Date of Accident .....	14/05/2022 07:13 (SGT)
Exact Location of Accident .....	Thomson Rd, Singapore
Additional Location Information .....	JUNCTION OF THOMSON RD & BALESTIER RD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMB330H
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### 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 .....	Man
Model .....	A22 E5
Variant .....	SINGLE 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 .....	11000

### 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 .....	GOH KENG MING
Work Permit No .....	G7055973

Date Of Birth .....	16/08/1972
Occupation .....	Outdoor
Date Of Driving Pass .....	01/07/2016
Driving experience .....	5 YEARS AND 10 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 .....	Collision - Head to Rear
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

PLEASE REFER ATAACHED

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SNB3543D
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
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) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person ..... UNKNOWN - BANGLADESHI  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SPRAINED NECK  
 Injured person in which vehicle? ..... SMB330H  
 Were seat belts worn? ..... No  
 Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 2

Name of injured person ..... UNKNOWN - MALAY MALE ARD 30Y.O  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... NOSE PAIN  
 Injured person in which vehicle? ..... SMB330H  
 Were seat belts worn? ..... No  
 Was this injured conveyed to hospital by ambulance? ..... No



## Statement Form

Employee Name	Goh Keng Ming	Employee ID	13269
Designation	Bus Captain	Date Taken	14/05/2022
Service No	980	Time Taken	1550hrs
Bus Registration No	SMB330H	Date of Incident	14/05/2022
Duty Number	980A10	Time of Incident	0717HRS
Nature of Incident	Accident @ traffic junction of Thomson Rd. and Balestier Rd with private car		

## Details:

I BC13269 while travelling at the junction of Thomson Road and Balestier road while there is a sbst bus service 54 in front of me so I overtake cos 980 is OTA and I am already behind schedules. After overtaking I saw the traffic light is in green so I procced to move on, however from far there is a private car is slowing down, out of sudden the car stopped in the middle of the road and which the road is clear to move. I unable to stop in time therefore I rear end the private car. Bus was installed with 360 degree camera and it functioning.

17 pax onboard / 2 pax injure.

1 Male/ Bangladeshi suffered neck sprain

1 male/ Malay /30yrs old++ suffered nose pain due to nose hit handrail

Both pax declined ambulance and medical assistance.

Bus suffered front bumper damaged / front windscreen cracked.

Private car suffered rear bumper damaged / rear windscreen cracked.

Police activated by 3<sup>rd</sup> party driver.

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

13269  
Goh Keng Ming  
Signature  
14/5/22  
16:08pm  
Date & Time

## Statement Taken By:

R. Ibrahim 13860  
Signature  
Interchange Supervisor  
Designation

# 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

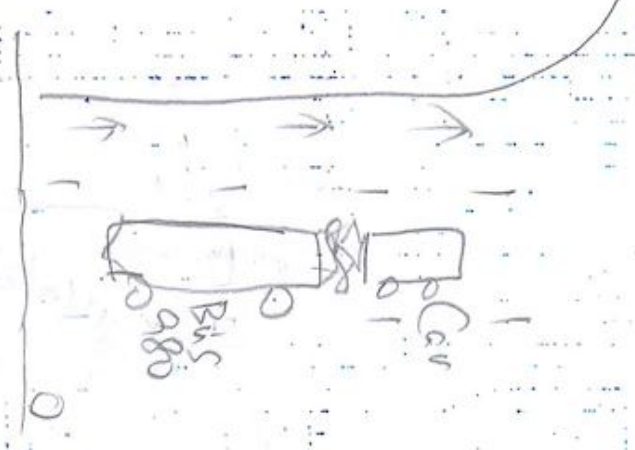
Sketch Plan

*[Handwritten signature]* 14/5/22 15:58pm

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



Witnessed by Reporting Centre Personnel





Describe Circumstances of the Accident

PLEASE REFER TO STATEMENT.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &

*[Signature]* 14/5/22 15:58pm

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



Witnessed by Reporting Centre













