

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 11/05/2022 16:22 (SGT)
Date of Accident 10/05/2022 06:39 (SGT)
Exact Location of Accident Yishun, Singapore
Additional Location Information SLIP RD YISHUN AVE 1 TWDS AVE 2
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMB281R

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 MUHAMMAD ARHAN BIN KLANAH
NRIC No S8626911B

Date Of Birth	25/09/1986
Occupation	Outdoor
Date Of Driving Pass	11/08/2020
Driving experience	1 YEAR AND 9 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?	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
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKX642R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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) -



Statement Form

Employee Name	MUHAMMAD ARHAN BIN KLANAH	Employee ID	13580
Designation	Bus Captain	Date Taken	10/05/2022
Service No	858	Time Taken	0845hrs
Bus Registration No	SMB281R	Date of Incident	10/05/2022
Duty Number	A24	Time of Incident	0639hrs
Nature of Incident	On road accident (off service)		

Details:

On 10/05/2022 at 0639hrs I BC 13580 perform service 858A off service from Mandai Depot to Yishun sport hall toward to woodlands bus interchange, I drive along Yishun Avenue 1 going to filter left lane to Yishun Avenue 2 to BS 59031 opposite Yishun Sport Halls while turning I only see the vehicle from lentor ave toward yishun avenue 2 but never double check the filter left lane vehicle which going to turn left then I hit the rear of the vehicle SKX642R Toyota Wish private car. Mine bus got install 360 camera.

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

MUHAMMAD ARHAN BIN KLANAH 13580

Employee Name and ID

[Signature]

Signature

10/05/22 09:07 AM

Date & Time

Statement Taken By:

KUAN QIAOFENG 13369

Employee Name and ID

[Signature]

Signature

Interchange Supervisor

Designation

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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

10/5/22 09:07am
Driver's Signature (If driver is not the policyholder) / Date & Time

SMB281R

SK+642R

opp Tishun Sport Hall
B559031

LENTOR AVE toward

Tishun Avenue 2



Witnessed by Reporting Centre Personnel

Describe Circumstances of the Accident

AS stated BC statement

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

10/5/22 09:07 am

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



Witnessed by Reporting Centre Personnel









