

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	29/05/2022 20:10 (SGT)
Date of Accident	25/05/2022 08:32 (SGT)
Exact Location of Accident	Marina Link, Singapore
Additional Location Information	MARINA LINK AFT MARINA COASTAL DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS3373E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TOWER TRANSIT SINGAPORE PTE LTD
Company Reg No	2XXXXX417K
Email Address	feedback@towertransit.sg
Mobile Phone No	(Phone) +65-18002480950
Alternative Phone No	(Office) +65-18002480950

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	B9tl
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 - Claiming third party
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	BALASUBRAMANIYAN ARUNKUMAR
NRIC No	SXXXX648J

Date Of Birth	05/06/1977
Occupation	Outdoor
Date Of Driving Pass	11/06/2019
Driving experience	2 YEARS AND 11 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
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN4983S
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Fuso
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode	-
Insurance Company Name	ERGO Insurance Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



Statement Form

BC Name : Balasubramanian Arunkumar Date Taken : 25/05/2022
 BC No : 12763 Time Taken : 1250hrs
 Nature of Incident : Sideswiped with lorry.
 Date of Incident : 25/05/2022 Time of Incident : 08:32hrs
 Service No : 653 Bus Reg No : SBS 3373E Duty No : 501

Details :

On 25/05/2022, I drove SBS 3373E service
653501 to Marina Finance Centre. I Done my Trip
and going back to Bukit Depot. From MCE as
approaching slip Road filtering Lane of Marina Coastal
Drive suddenly Lorry YN 1983S Drive at a fast speed as
He entering the head way in to MCE. I Immediately Horn and
slow down to brake to avoid major collision by the right side back
of the Lorry. Hit our bus left side mirror. The Mirror Bent up. Lorry
Drives notice of Accident he also stop and as he admit his fault.
He gave to me Particure.
I called immediately to Becc and informed about
the matter.

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

BALASUBRAMANIAN
ARUNKUMAR
12763

BC Name & No.

BAL

Signature

25/05/2022
1250hrs

Date & Time

Statement Taken By:

Lim Wai Lok

Name

IS

Designation

[Signature]

Signature

Describe Circumstances of the Accident

Refer to statement

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

B. Y. L.

25/1/2017 2:00:00

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



Witnessed by Reporting Centre Personnel

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.



Policy holder's Signature / Date & Time

Sketch Plan

B. J. L. 25/05/2014 @ 1250.

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



Witnessed by Reporting Centre Personnel









