

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 14/06/2022 16:41 (SGT)
Date of Accident 13/06/2022 15:23 (SGT)
Exact Location of Accident HarbourFront, Singapore
Additional Location Information HARBOURFRONT INTERCHANGE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMB1562Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TOWER TRANSIT SINGAPORE PTE LTD
Company Reg No 2XXXXXX417K
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 - Claiming third party
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-22099187MFBP
Cover Note Number -

DRIVER

Name of Driver ZAINUDDIN BIN ABU BAKAR
NRIC No SXXXX141G

Date Of Birth
 Occupation
 Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

20/11/1959
 Outdoor
 21/11/2001
 20 YEARS AND 7 MONTHS
 Male
 (Phone) +65-18002480950
 -
 feedback@towertransit.sg
 C/O : 21 BULIM DRIVE
 BULIM BUS DEPOT
 648170
 No
 Employee
 No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Hit and run / Vandalism / Damaged whilst parked
 Clear
 Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
 Number of vehicles involved in the accident
 Was anybody injured in the Accident?
 Was any injured conveyed to hospital by ambulance?
 Was any other vehicle or property damaged?
 Number of Passengers (Including Driver)
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No
 2
 No
 -
 Yes
 1
 No

DETAILS OF POLICE ACTION

Was the accident reported to the police?
 Was notice of intended Prosecution given?
 If yes, against whom?

No
 No
 -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?
 Was there any video captured by Car Camera?
 Was there any audio recorded?

Yes
 Yes
 No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
 Vehicle Manufacturer
 Vehicle Model
 Vehicle Variant
 Vehicle Colour
 Vehicle Category
 Name of Driver
 Contact Number
 Address
 Address complement

SG5701R
 Alexander Dennis
 ENVIRO500
 -
 -
 Bus
 BC67637
 -
 -
 -

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



Statement Form

Employee Name	Zainuddin Bin Abu Bakar	Employee ID	14008
Designation	Bus Captain	Date Taken	13/06/2022
Service No	963	Time Taken	2030hrs
Bus Registration No	SMB1562Z	Date of Incident	13/06/2022
Duty Number	963S05	Time of Incident	1523hrs
Nature of Incident	Accident with SMRT Svc188 at Harbourfront Interchange driveway area		

Details:

I, BC 14008, was doing Service 963 driving SMB1562Z.

I arrived at Harbourfront Interchange and saw that the berth for Service 963 was full hence I drove into boarding/alighting berth of Service 855 to let the passengers alight.

After the passengers alighted, I reversed the bus out and stopped at the side along the driveway as the 963 berth was still full.

After about 2mins, I reversed my bus slightly to allow another 963 bus to reverse out. I was about to drive to the berth to park when I realized that the 963 had stopped. I then checked my right-side mirror and saw a SMRT bus 188 also reversing so I just continued waiting at the side along the driveway.

I turned my head further to check the blind spot and saw that the 188 bus was getting nearer to my bus. I wanted to sound my horn to alert the SMRT BC but it was too late as the bus had already collided onto the right side body of my bus.

SMB1562Z is equipped with 360 camera

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

14008
ZAINUDDIN BIN ABU BAKAR

Employee Name and ID

[Signature]
Signature

13-6-2022 20:40pm
Date & Time

Statement Taken By:

Aaron 13394
Employee Name and ID

[Signature]
Signature

Interchange Supervisor

Designation

SKETCH PLAN**IMPORTANT NOTICE**

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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.

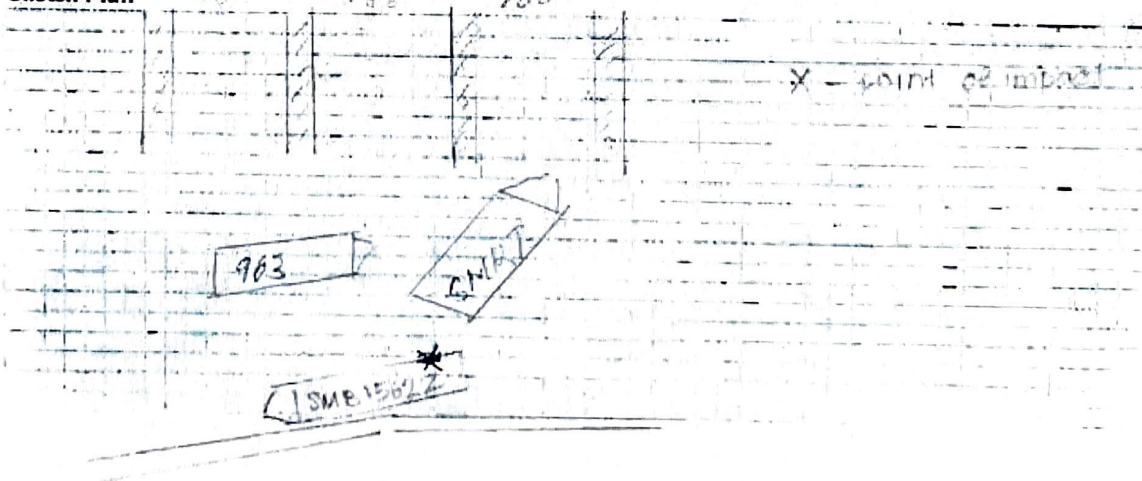


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Describe Circumstances of the Accident

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

For

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



Witnessed by Reporting Centre
Personnel