

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	13/07/2021 10:55 (SGT)
Date of Accident	11/07/2021 17:00 (SGT)
Exact Location of Accident	Bt Batok Int, Singapore
Additional Location Information	BUKIT BATOK INTERCHANGE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS6403H
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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	Mercedes
Model	Citaro
Variant	-
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?	Yes
Vehicle Category	Bus
Transmission	Auto
CC	10000

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	MOHAMMED SALLEH BIN MIAN
NRIC No	SXXXX329F

Date Of Birth	29/04/1956
Occupation	Outdoor
Date Of Driving Pass	01/03/2005
Driving experience	16 YEARS AND 4 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 on collision
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?	Yes
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	SBS6329P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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 **PLEASE REFER ATTACHED LIST**
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SBS6403H
Were seat belts worn? No
Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN #2

	NAME	GENDER	Age	OCCUPATION	NATIONALITY	CONTACT DETAILS	HOSPITAL	WARD/BED NO. OR OUTPATIENT	DETAILS OF INJURIES	Remarks
1	MOHAMAMMED SALLEH BIN MIAN	MALE	65	BUS CAPTAIN	SINGAPOREAN	82099632	STSH	ADMITTED AT WARD 11C BED 98	MINOR NOSE FRACTURE, PAIN TO FOREHEAD, BRUISES TO RIGHT UPPER ARM AND THIGH	Bus Captain of S85640SH
2	ALI AS	MALE		BUS CAPTAIN			NUH	ADMITTED IN HIGH DEPENDENCY WARD	SPINAL INJURIES, NOT CONTACTABLE	S85 Bus Captain
3	HENG KUANG MENG	MALE	42		SINGAPOREAN	6692786 / 92965355	NTFGH	OUTPATIENT, NOT ADMITTED, DISCHARGED WITH 5 DAYS OF MEDICAL LEAVE	PAIN TO SHOULDERS AND LOWER BACK, ABRASIONS TO LEFT HANDS AND RIGHT THIGH, X-RAY SHOWED NO FRACTURE, ADVISED TO SEEK TREATMENT IF REQUIRED; HANDPHONE (HUAWEI MATE 20 PRO) DAMAGED	
4	ZHOU	FEMALE	35		SINGAPOREAN	93628058	NTFGH	OUTPATIENT, NOT ADMITTED, DISCHARGED WITH 4 DAYS OF MEDICAL LEAVE	PAIN TO RIGHT LOWER CHIN, CONTUSION TO LEFT SHOULDER AND LEFT LOWER BACK, PAIN TO LEFT THIGH; DIFFICULTY IN LIFTING THE LEFT HAND, X-RAY SHOWED NO FRACTURE, ADVISED TO SEEK TREATMENT IF REQUIRED	
5	CHATTINTANAKAN KORNCHANOK	FEMALE	40	WAITRESS	THAI/ SINGAPORE PR	93430960	NUH	OUTPATIENT, NOT ADMITTED, DISCHARGED WITH 6 DAYS OF MEDICAL LEAVE	ONE FRACTURED LEFT RIB, BRUISE ON RIGHT SHIN, PAIN TO SHOULDERS AND LEGS, DECLINED TO UNDERGO X-RAY ON FIRST VISIT AND RETURNED TO HOSPITAL FOR X-RAY ON THE SAME NIGHT; FOLLOW UP ON 28/07/2021 WITH ORTHOPAEDIC SPECIALIST AT NUH, LOST SLIPPERS	
6	TAN SI JING	FEMALE	10	STUDENT	SINGAPOREAN	-	NUH	OUTPATIENT, NOT ADMITTED, DISCHARGED WITH 2 DAYS OF MEDICAL LEAVE	GLASS CUTS TO BOTH FEET, LEFT ELBOW, BACK, X-RAY SHOWED NO FRACTURE, LOST SLIPPERS	DAUGHTER OF CHATTINTANAKAN KORNCHANOK
7	RICHARD NG	MALE				98395183	NTFGH	OUTPATIENT, NOT ADMITTED, DISCHARGED	SHOULDER PAIN, X-RAY SHOWED NO FRACTURE, COULD BE DISCHARGED, ATTEMPTED TO CALL BUT TO NO AVAIL	
8	SOH AH CHU	FEMALE	70	NOT WORKING CURRENTLY	SINGAPOREAN	97847759	NTFGH	OUTPATIENT, NOT ADMITTED, DISCHARGED WITHOUT MEDICAL LEAVE AS NOT WORKING CURRENTLY	PAIN AND CUTS TO HER LEFT SHOULDER, BRUISES TO HER LEFT ARM AND BRUISES AND PAIN TO LEFT THIGH, RECEIVED AN INJECTION BUT DID NOT UNDERGO X-RAY, MIGHT BE GOING BACK FOR FURTHER TREATMENT AS STILL FEELING PAIN TO LEFT SHOULDER AND LEFT THIGH	
9	NG MUN TEEN	FEMALE				96180730	NTFGH	OUTPATIENT, NOT ADMITTED, DISCHARGED	SUSTAINED SCRATCHES, COULD BE DISCHARGED, ATTEMPTED TO CALL BUT TO NO AVAIL	
10	CHARMAINE WAM QIN QI	FEMALE	15	STUDENT	SINGAPOREAN	97338863	NTFGH	OUTPATIENT, NOT ADMITTED, DISCHARGED WITH 1 DAY OF MEDICAL LEAVE	CUTS TO BOTH HANDS AND LEGS, NO FOLLOW-UP REQUIRED	MOTHER OF CHARMAINE WAM, MRS KOH HP: 95512673
11	RAVIDRA TAGORE	MALE				87841540	NUH	ADMITTED	NOT CONTACTABLE	
12	SAUTHIRI D/O DORASAMY	FEMALE	80+				NUH	DISCHARGED	NO CONTACT DETAILS	MOTHER OF RAVINDRA TAGORE
13	AMIR BIN MO GHAZALI	MALE				98712844	NTFGH	NO INFO	NOT CONTACTABLE	
14	CELESA UM MUI LEE	FEMALE					STSH	ADMITTED	BLEEDING IN BRAIN, NO CONTACT DETAILS	
15	SALWAH BTE MOHD AMIN	FEMALE					NTFGH	NO INFO	NO CONTACT DETAILS	