ST10217D0002 / TOWER TRANSIT SINGAPORE PTE LTD ENTRY DATE & TIME: 13/07/2021 10:55 (SGT) SUBMITTED BY: BAZLIN BINTE AHMAD VERSION: 1 (13/07/2021 10:55 (SGT))

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 witholding 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

Mercedes

Vehicle Registration Number SBS6403H

INSURED/POLICYHOLDER

Is company? 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

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 10000

Manufacturer

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd Type of Coverage Comprehensive Fleet Policy Policy Number D-19094584MFBP Cover Note Number

DRIVER

Name of Driver MOHAMMED SALLEH BIN MIAN NRIC No. SXXXX329F

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address 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	29/04/1956 Outdoor 01/03/2005 16 YEARS AND 4 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	Collision - Head on collision 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 Yes Yes Yes 1
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	SBS6329P

Vehicle Registration Number	SBS6329F
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

IMPORTANT NOTICE

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- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

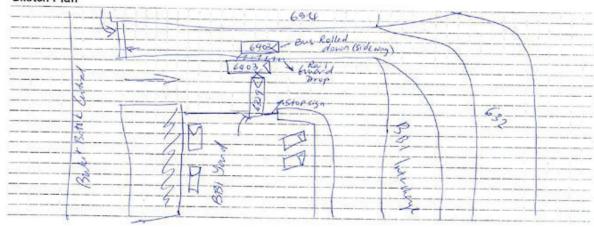


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



SKETCH PLAN #2

	NAME	GENDER	Apr	OCCUPATIO N	NATIONALITY	CONTACT DETAILS	HOSPITA L	WARD/BED NO. OR OUTPATIENT	DETAILS OF INCURRES.	Remarks
1	MOHAMAMMED SALLEH BIN MIAN	MALE	65	BUS CAPTAIN	SINGAPOREAN	82099612	TESH	ADMITTED AT WARD LIC SED 98	MINOR NOSE FRACTURE, PAIN TO FOREHEAD, BRUISES TO RIGHT UPPER ARM AND THICH	Bus Captain of \$856403H
2	AUAS	MAIE		805 CAPTAIN	J		NUH	ADMITTED IN HIGH DEPENDENCY WARD	SPINAL INJURIES; NOT CONTACTABLE	SBS Bus Captain
1	HENG KUANG MENG	MALE	42		SINGAPORIAN	56692786 / 92963355		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, HANDIFHONE (HURWEI MATE 20 PRO) DAMAGED	
4	AHU	FEMALE	35		SINGAPOREAN	93628058	MTFGH	OUTPATIENT; NOT ADMITTED; DISCHARGED WITH 4 DAYS OF MEDICAL LEAVE	NAW TO RIGHT LOWER OHN, CONTUSION TO LEFT SHOULDER AND LEFT LOWER BACK, FAIR TO LEFT THICH; DIRRICULTY IN LIFTING THE LEFT HAND, X-RAY SHOWLD NO FRACTURE, ADVISED TO SEEK TREATMENT IF REQUIRED.	
5	CHATEINTANAKAN KORNOHANOK	FEMALE	40	WAITRESS	THAY SINGAPORE PR	93450960	NUH	OUTPATIENT, NOT ADMITTED. DISCHARGED WITH 6 DAYS OF MEDICAL LEAVE	ONE FRACTURED LEFT RIB, BRUISE ON RIGHT SHIN, PAIN TO SHOULDERS AND LICES, DICLINED TO LINDERGO X-RAY ON FIRST WHET AND RETURNED TO HOSPITAL FOR X-RAY ON THE SAME NICHT; FOLLOW UP ON 15/07/2025 WITH ORTHOPAIDES SPECIALIST	
6	TAN SI ANG	FEMALE	10	STUDENT	SINGAPOREAN	2	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 SCIPPERS	DAUGHTER OF CHATJINTANAKAN KORNCHANOK
7	RICHARD NG	MALE				98395181	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	20	NOT WORKING CURRENTLY	SINGAPOREAN	97847759	NTEGH	OUTPATIENT, NOT ADMITTED, DISCHARGED WITHOUT MEDICAL LEAVE AS NOT WORKING CURRENTLY	PAIN AND CUTS TO HER LEFT SHOULDED, BRUISES TO HER LEFT ARM AND BRUISES AND PAIN TO LEFT THICH, RECEDING AN INSCRIPTION BUT DID NOT UNDERSO A: RAY, MIGHT BE COING BACK FOR FURTHER TREATMENT AS STILL FELLING WANT TO LEFT SHOULDING AND LEFT THICK!	
9	NG MUNTEEN	TEMASE				96180730	NTFGH	OUTPATIENT, NOT ADMITTED; DISCHARGED	SUSTAINED SCRATCHES, COULD BE DISCHARGED, ATTEMPTED TO CALL BUT TO NO AVAIL.	
50	CHARMAINE WAM QIN QI	PEMALE	15	STUDENT	SINGAPOREAN	97354861	NTFGH	OUTPWHENT; NOT ADMITTED; DISCHARGED WITH 3 DAY OF MEDICAL LEAVE.	CUTS TO BOTH HANGS AND LEGS; NO FOLLOW-UP REQUIRED	MOTHER OF CHARMAINE WAY, MRS KON HP. 91512673
11	RAVIDRA TAGORE	MALE	7		ři – j	87841340	NUH	ADMITTED.	NOT CONTACTABLE.	
12	SAUTHRI D/O DORA/SAMY	TEMALE	80+		200	11,500,000	NUH	DISCHARGED	NO CONTACT DETAILS	MOTHER OF RAVIDRA TAGORE
13	AMIR BIN MD GHAZALI	MALE				38712844	NTFGH	NO INFO	NOT CONTACTABLE	
14	CECRIA DM MULLEE	FEMALE			9		TTSH	CHITIMON	BLEEDING IN BRAIN; NO CONTACT DETAILS	
15	SALEIARI BTE MOHD AMIN	FEMALE					MITGH	NO INFO	NO CONTACT DETAILS	