

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 15/06/2022 16:11 (SGT)
Date of Accident 14/06/2022 08:45 (SGT)
Exact Location of Accident Central Blvd, Singapore
Additional Location Information JUNCTION OF CENTRAL BLVD & RAFFLES QUAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBS6325A

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 Mercedes
Model Citaro
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-22099187MFBP
Cover Note Number -

DRIVER

Name of Driver BONG SHIH-LI CEDRIC
NRIC No S1647834B

Date Of Birth	02/09/1964
Occupation	Outdoor
Date Of Driving Pass	26/02/2016
Driving experience	6 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	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	SKZ1116B
Vehicle Manufacturer	Mercedes
Vehicle Model	Glc250
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Hung Chi-Chung (John)
Contact Number	(Phone) +65-98584536
Address	nofearjohn@gmail.com
Address complement	-

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



Statement Form

BC Name: CEDRIC BONG

Date Taken: 14/6/2022

BC No : 10043

Time Taken: 1600hr

Nature of Incident: SIDE SWAP

Date of Incident:

Time of Incident: 0845hr

Service No: - 097

Bus Reg No: -

Duty No: - A08

Details:

SBS 6325A

I was turning left at junction of Central Blvd and Shenton Way. Heavy traffic SKZ 1116B formed up in the yellow box blocking my path. Light turned green in my favour, I tap horn he complied by inching forward. Once I saw space available I inched forward. My left hand rear grazed his rear bumper. We exchanged particulars, called BCC no response later at SETI informed. No injuries, No visible damage on our bus.

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

CEDRIC BONG

10043

Gur

14/6/2022 1600hr

BC Name & No.

Signature

Date & Time

Statement Taken By:

MOHAMMAD MURDANI

INTERCHANGE SUPERVISOR

Name

Designation

Signature

SKETCH PLANIMPORTANT 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 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. 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 insurers 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.



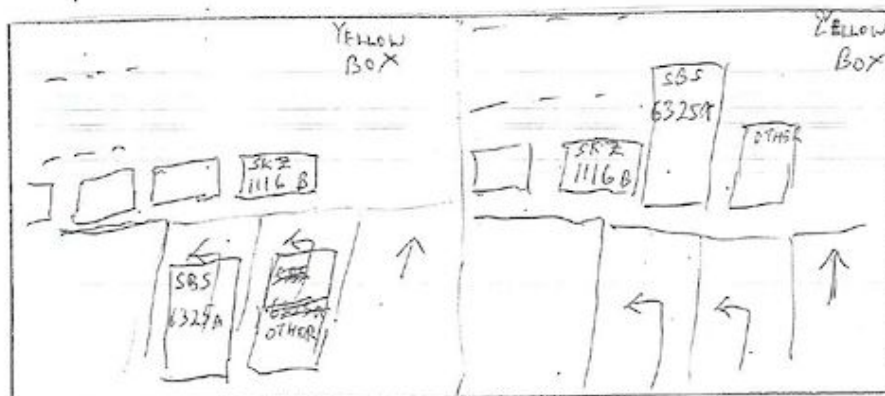
Policyholder's Signature / Date & Time

Sketch Plan

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



Witnessed by Reporting Centre Personnel





Statement Form

BC Name: CEDRIC BONG
 BC No : 10043
 Nature of Incident: SIDESWAP
 Date of Incident:
 Service No: - 097
 Details:

Bus Reg No: -
 SBS 6325A

Date Taken: 14/6/2022
 Time Taken: 1600hrs

Time of Incident: 0845hr
 Duty No: - A08

I was turning left at junction of Central Blvd and Shenton Way. Heavy traffic SKZ 1116B formed up in the yellow box blocking my path. Light turned green in my favour, I tap horn he complied by inching forward. Once I saw space available I inched forward. My left hand rear grazed his rear bumper. We exchanged particulars, called BACC no response later at JETI informed. No injuries. No visible damage on our bus.

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

CEDRIC BONG
 10043
 BC Name & No.

Gm
 Signature

14/6/2022 1600hr
 Date & Time

Statement Taken By:

MOHAMMAD MURDANI
 Name

INTERCHANGE SUPERVISOR
 Designation

Signature

Describe Circumstances of the Accident

I was turning left at junction of Central Blvd and Skerton Way.
 Heavy traffic SKZ 1116B formed up in the yellow box blocking my
 path. light turned green in my favor. I tap horn he complied
 by inching forward. Once I saw space available I inched
 forward. My left hand rear grazed his rear bumper.
 We exchanged particulars. Called Boss no reply. later at JETI
 informed by phone. No injuries. No visible damage on our bus.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Gov. 14/6/2012 1600hrs

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



Witnessed by Reporting Centre Personnel





