

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 24/06/2022 18:23 (SGT)
Reported by Driver
Date of Accident 23/06/2022 17:17 (SGT)
Exact Location of Accident TPE, Singapore
Additional Location Information TPE TOWARDS WOODLANDS NEAR EXIT 5
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMB252A

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 -

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
Policy Number / Cover Note Number D-22099187MFBP

DRIVER

Name of Driver SUVIT SAE-TOO
NRIC No SXXXX244G
Date Of Birth 06/12/1987
Occupation Outdoor

| | |
|--|--------------------------|
| Date Of Driving Pass | 29/08/2018 |
| Driving experience | 3 YEARS AND 10 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 | Wet |

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 |
| Translator's name | - |
| Translator's ID | - |
| Translator's phone number | - |
| Translator's email | - |
| Original language used in the statement | - |

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 |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------------------|
| Vehicle Registration Number | YP5141M |
| Vehicle Manufacturer | Isuzu |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Goods vehicle |
| Name of Driver | KRISHNAN VINOTH |
| Contact Number | (Phone) +65-83024913 |

Address -
Address complement -
Postcode -
Insurance Company Name China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -



Statement Form

| | | | |
|---------------------|---------------------|------------------|------------|
| Employee Name | Suvit Sae Too | Employee ID | 13828 |
| Designation | Bus Captain | Date Taken | 24/06/2022 |
| Service No | 969 | Time Taken | 1530 hrs |
| Bus Registration No | SMB252A | Date of Incident | 23/06/2022 |
| Duty Number | 969S12 | Time of Incident | 1717hrs |
| Nature of Incident | Accident with Lorry | | |

Details:

On (23/06/2022) I am driving the bus service 969. I was driving my bus SMB252A on lane 3 along TPE toward Woodlands (Near Exit 5), At the above mentioned date and time, suddenly one off private lorry lost control and lorry left side blind spot mirror hit into my bus right side body, I immediately stop my bus and inform to BOCC about the accident.

Around 50 passengers onboard my bus, No one was injuries onboard my bus SMB252A installed with 360-degree cameras and camera operation as normal
My bus sustained right rear body scratches and rear glass panel cracked
Private lorry sustained right hand side mirror dislodged.

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

| | | |
|--|--|--|
| <p>Suvit Sae Too 13828</p> <hr/> <p>Employee Name and ID</p> |  <hr/> <p>Signature</p> | <p>24/6/22 1555</p> <hr/> <p>Date & Time</p> |
| Statement Taken By: | | |
| <p>Vasan 13920</p> <hr/> <p>Employee Name and ID</p> |  <hr/> <p>Signature</p> | <p>Interchange Supervisor</p> <hr/> <p>Designation</p> |

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' 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/rmail 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

[Handwritten Signature]

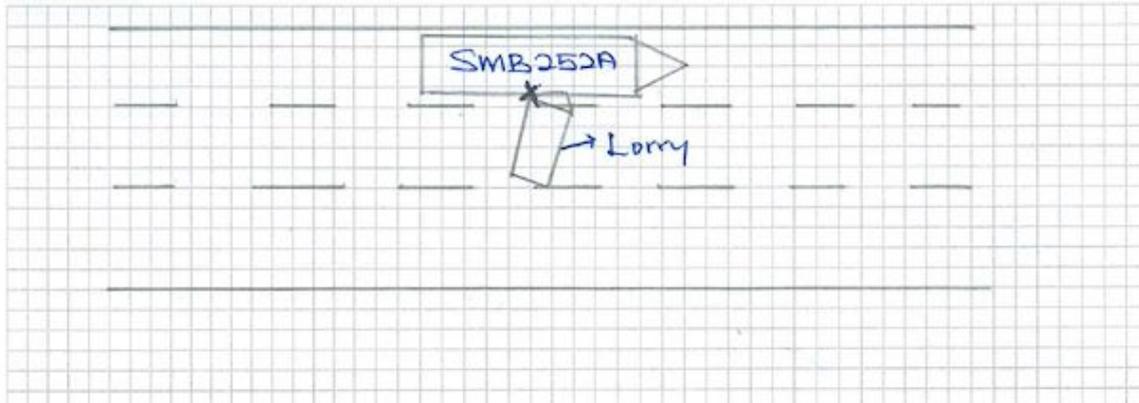
24/12 1555

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



Witnessed by Reporting Centre Personnel

Sketch Plan









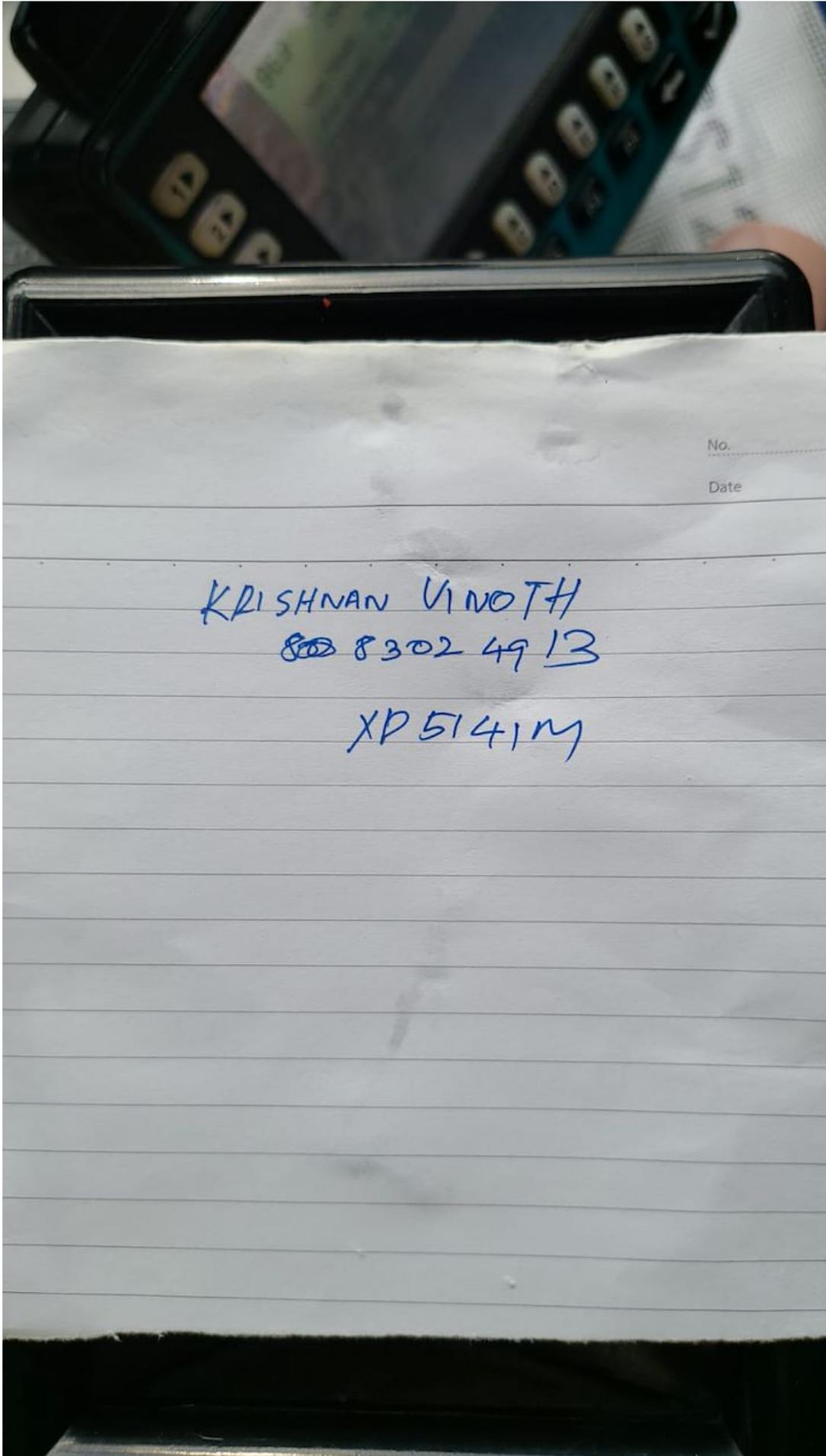












No.

Date

KRISHNAN VINOTH
~~800~~ 8302 49 13

XP 5141M

