

# 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	15/07/2022 16:10 (SGT)
Reported by	Both
Date of Accident	06/07/2022 19:32 (SGT)
Exact Location of Accident	6 Choa Chu Kang North 6, Singapore
Additional Location Information	Choa Chu Kang Drive to Choa Chu Kang North 6
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB8032R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SMRT BUSES LTD
Company Reg No	1XXXXX292D
Email Address	Auto-Svcs-BARC@smrt.com.sg
Mobile Phone No	(Phone) +65-68662672
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Man
Model	Ng363f
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?	No - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	10518

## INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D22099124MFBP

## DRIVER

Name of Driver	Ng Boon Chew
NRIC No	SXXXX807E
Date Of Birth	08/01/1957
Occupation	Outdoor

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

14/06/2000

22 YEARS AND 1 MONTH

Male

(Phone) +65-68662672

-

Auto-Svcs-BARC@smrt.com.sg

60 WOODLANDS INDUSTRIAL PARK E4

-

-

No

Employee

No

-

-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions

Road Surface

Collision - Cross Junction

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?

Translator's name

Translator's ID

Translator's phone number

Translator's email

Original language used in the statement

No

2

Yes

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

On 06/07/2022 at 1132 hrs, I was driving SMB8032R, SVC 302. There were approximate 10 pax onboard. I am on permanent AM shift for SVC 302. I fell asleep at approximate 2000hrs on 05/07/2022 and woke up at approximate 0330hrs on 06/07/2022. I am physically fit for driving and currently not on any form of medication. I proceed to take the WT to KJD and proceed to off service my vehicle back to CCKI to start my first revenue service at 0549hrs. After completing my 6th Trip at 1037hrs, had approximate 27 mins of rest before I started my 7th Trip at 1104hrs. I am not rushing for any time for the 7th Trip. I was stationary at Choa Chu Kang Drive and Choa Chu Kang North 6 as the traffic signal was red light on the most right lane. As the traffic signal turned red light green arrow, I proceed to inch forward when I saw TP that was travelling from the opposite direction travelled straight towards my vehicle and TP right body grazed against my right front portion vehicle. I proceed to stop my vehicle and asked was there anybody injured. Chinese Male Pax in his 60s sustained abrasion to the left side of his face and Malay Male Pax in his 60s mouth was bleeding. Both did not require medical assistance and alighted the bus. Police was activated by members of public. I reported this accident to BOCC. After police initial assessment, vehicle was released from site. BOCC subsequently requested me to off service my vehicle back to CCKI before reporting this accident to my Ops Sup at CCKI.

#### ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGV1099K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC Income Insurance Co-operative Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	UNKNOWN CHINESE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	60
Injuries Sustained	-
Injured person in which vehicle?	SMB8032R
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	UNKNOWN MALAY
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	60
Injuries Sustained	-
Injured person in which vehicle?	SMB8032R
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No



**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.



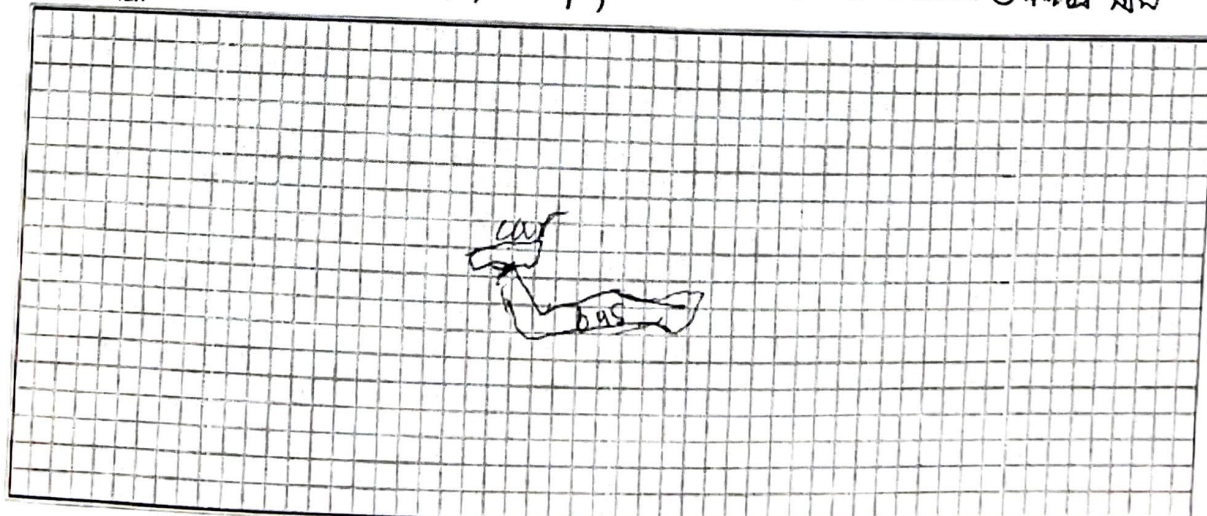
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time  
*[Signature]* 74293  
 7/1/22 (3pm)



Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card) *[Signature]* 04062022

Sketch Plan



Describe Circumstance of the Accident

REFER TO JED STATEMENTS.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

55000 79293  
Driver's Signature (if driver is not the policyholder) / Date & Time 7/7/12 (3:14)



Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card) JAWAN SAN