

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be completed by the Policyholder and/or the Actual 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

Reported by

Date of Accident

Fxact Location of Accident

Additional Location Information

Country/State of Loss

26/08/2022 15:11 (SGT)

Both

23/08/2022 12:38 (SGT)

Lavender, Singapore

Traffic junction of Lavender St and Kallang Bahru

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMB36H

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

SMRT BUSES LTD

1XXXXX292D

Auto-Svcs-BARC@smrt.com.sg

(Phone) +65-68662672

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

vour vehicle?

Vehicle Category Transmission

CC

Mercedes

MBOC500

Employment

No - Claiming third party

Bus

Auto

250

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

MS First Capital Insurance Ltd

D-22099124MFBP

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

Wafiuddin Bin Mashor SXXXX449C 30/07/1985 Outdoor

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26/03/2004 Date Of Driving Pass 18 YEARS AND 5 MONTHS Driving experience Male Gender (Phone) +65-68662672 Mobile Number Alt. Phone Number Auto-Svcs-BARC@smrt.com.sg Email Address 60 WOODLANDS INDUSTRIAL PARK E4 757705 Address Address complement Postcode 757705 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) 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 On 23/08/2022 at 1238hrs, I was driving SMB36H, Svc 61. I was travelling on the 2nd lane of 05 lanes along junction of Lavender St and while I was approaching the signalized traffic junction of Lavender St and Kallang Bahru - bef BS: 60011 (Bendemeer Stn Exit A), the right turn arrow turned green. I was aware there was a TP vehicle on my right. I proceed move forward and check my Left and right side when negotiate a right turn Kallang Bahru. Suddenly, I felt an impact from the right rear of my bus. I saw from my RHS view mirror, my bus right rear portion collided onto the front left portion of TP vehicle. TP driver did not stop immediately as we were at the traffic junction and TP driver proceed to move on and stop her vehicle at the next bus stop of BS: 60011 (Bendemeer Stn Exit A). I then followed the TP and stop my bus at the bus stop, and went down to conduct a check, my bus Right rear body after the rear tyre sustained scratches. TP vehicle (SKV2839M) Left front body sustained scratches. There were no injured personnel in this accident. That is all.

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ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

No Yes psons for not uploading a video of the accident

PEND DOWNLOAD

DETAILS OF OTHER VEHICLE PROPERTY 1

	1	
	/ehicle Registration Number	01/1/20000
	Vehicle Manufacturer	SKV2839M
	Vehicle Model	-
	Variant	-
1	Vehicle Colour	-
i	Vehicle Category	-
	Name of Driver	Private car
	Contact Number	MS TAN
	Control of the contro	-
	Address complement	-
	The same of the sa	-
	Postcode	-
	Insurance Company Name	-
	Nature Of Damage	-
	Details of property damaged in accident	-
	No. Of Passenger (Including Driver)	_

SKETCH PLAN

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- By the ladgement 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)

Lunderstand, 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 (chilectively 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 festurers 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, handing and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
- (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 making of correspondence, statements, invoices, reports or natices 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 linns), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature (Date & Time

Driver's Symptoms (Advivor is not the policy holder) (Date 8 Time 14 (MMC) Bojot)

Witnessed by Reporting Centre Personnel (Name as in MRICHD card) SAFM (A

Sketch Plan

1

escribe Circumstance of the Accident
Refer to SAS Kpod

Declaration

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

Deher's Signature 13 concerns to 24/08/22 (54 BV).

Store 54/6/1/ (5-30/pt)

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