

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 Actual 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 02/09/2022 15:03 (SGT)
Reported by Driver
Date of Accident 31/08/2022 23:00 (SGT)
Exact Location of Accident Woodlands, Singapore
Additional Location Information WOODLANDS AVE 7 TWDS CHANGI AIRPORT - BS 47621
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMB1421Y

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
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 CHING KOK FAI
NRIC No SXXXX244A
Date Of Birth 09/10/1955
Occupation Outdoor

Date Of Driving Pass	24/03/1999
Driving experience	23 YEARS AND 5 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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
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	FBS6232J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Sompo Insurance Singapore Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBS6232J
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes



Statement Form

Employee Name	Ching Kok Fei	Employee ID	13206
Designation	Bus Captain	Date Taken	01/09/2022
Service No	858	Time Taken	15:00hrs
Bus Registration No	SMB1421Y	Date of Incident	31/08/2022
Duty Number	858P16	Time of Incident	2300hrs
Nature of Incident	CAT 1 Accident Report BC13206 Svc858 SMB1421Y on 31082022		

Details:

I, 13206, on 31/08/2022 duty 858P16 driving bus NO: SMB1421Y.

I was driving along Woodlands Avenue 7 towards Changi Airport direction, while my bus was stationary at the BS 47621(Aft Gambas Ave for pax activities. Suddenly I felt there is impact from the bus right rear.

I immediately went to the rear and check. A 3rd party motorbike might had collided to the bus rear. I render medical assistance to the motorist as he mentioned that he is suffering from nose bleeding plus cut on his forehead. Ambulance was activated. Bus rear right near signal light was dented and crack. Motorbike front cover was crack and drop.

No other pax injured and estimated 02 pax transferred. On board eye witness details indicated in sketch plan.

Bus was equipped with 360 degree CCTV and functioning well.

That's all.

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

Ching Kok Fei 13206

01/09/2022 1500hrs

Employee Name and ID

Signature

Date & Time

Statement Taken By:

Sim Song Han 13795

Interchange Supervisor

Employee Name and ID

Signature

Designation

SKETCH PLANIMPORTANT 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

[Signature]

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



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

Sketch Plan

AS STATED IN MY STATEMENT.

WITNESS DETAILS

LOUIS 9821 3455

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



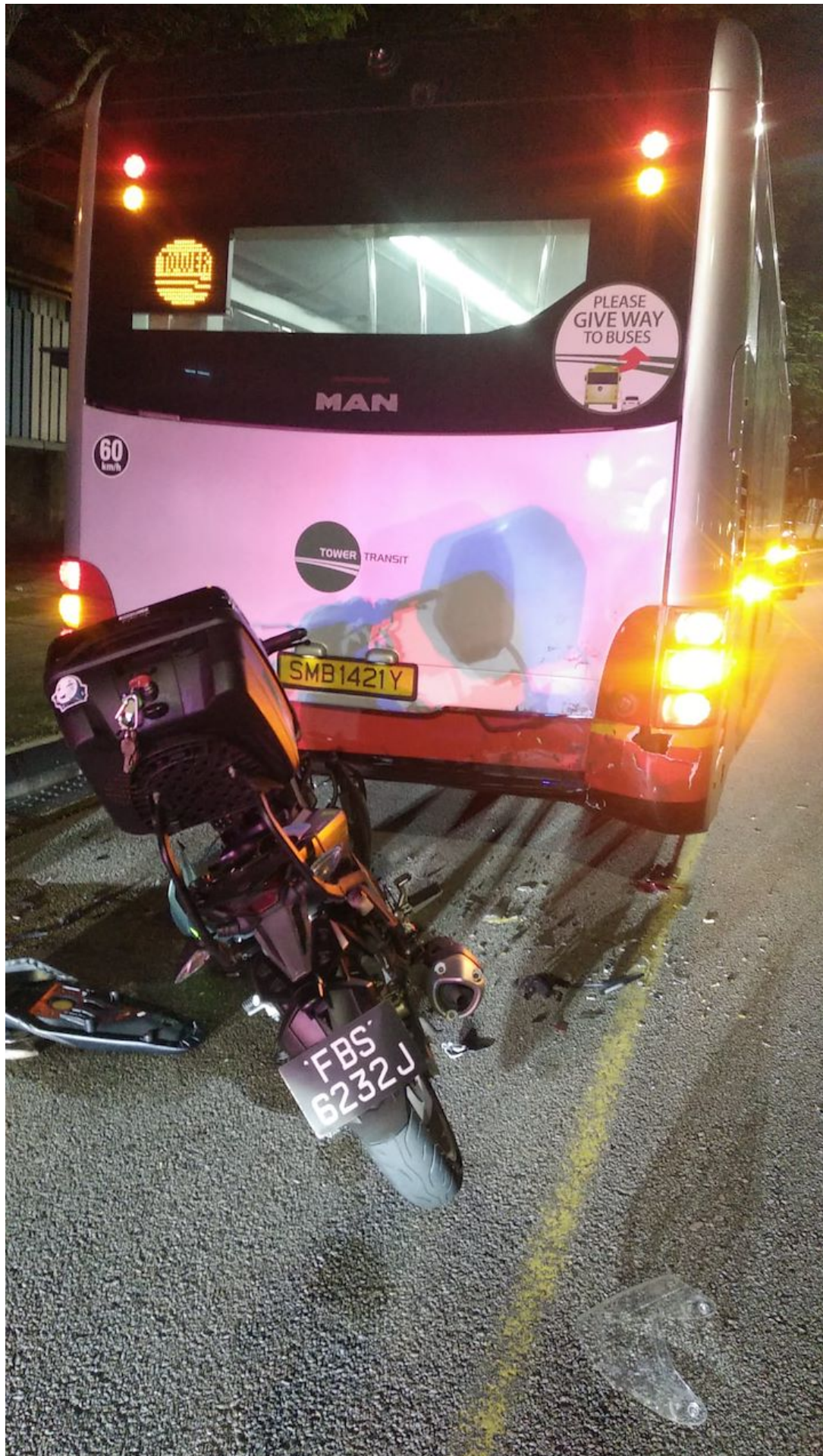
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel



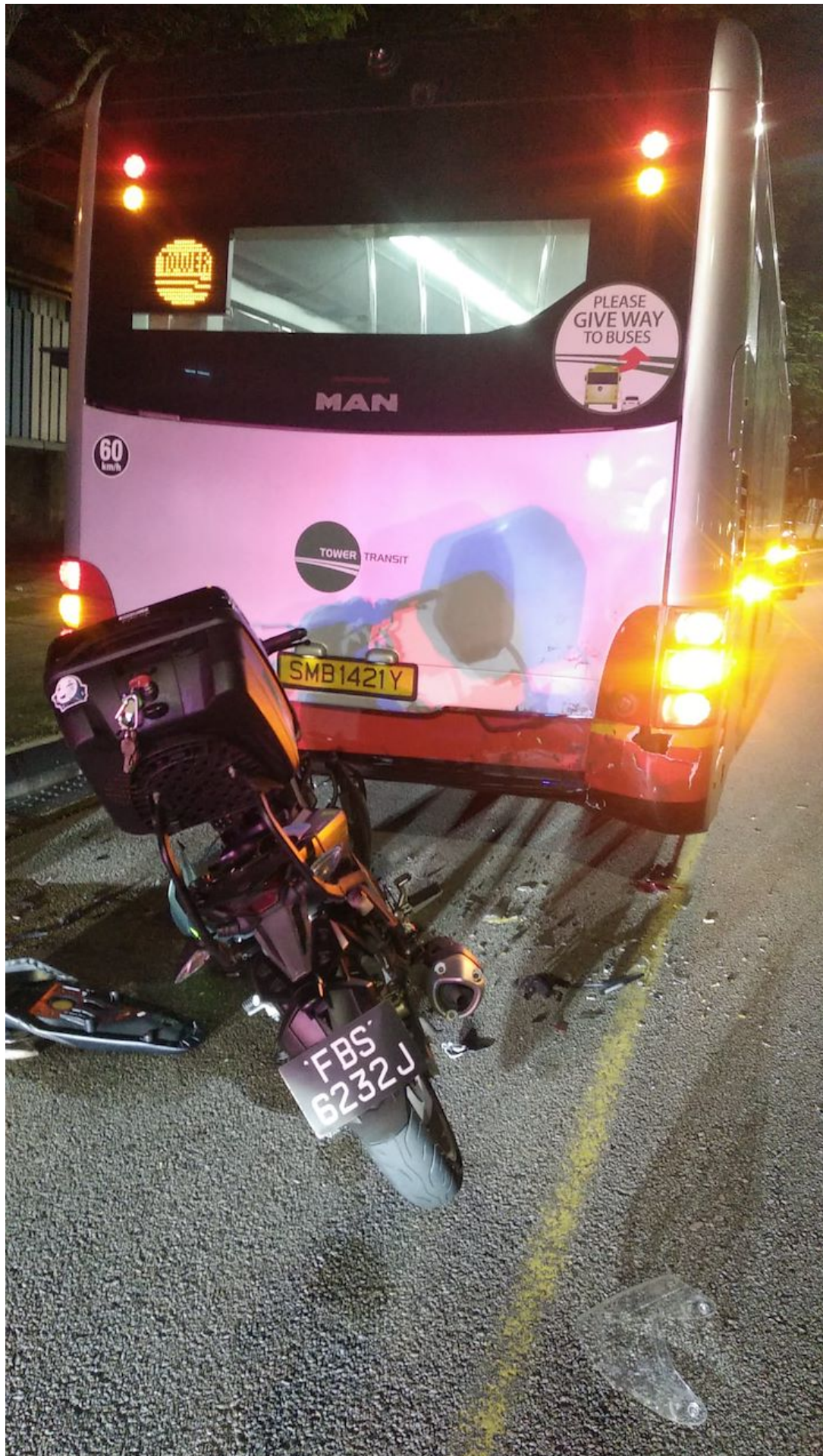














**SINGAPORE
POLICE FORCE**



F/20220901/7018

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POLICE REPORT (NP299)

Report No. F/20220901/7018

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 01/09/2022 10:16	Vide Report No.	Station Diary No.
Name Of Informant CHING KOK FAI	Address 249 COMPASSVALE ROAD #13-604 SINGAPORE 540249	
ID Type / ID No. NRIC NO / S1121244A	Contact No. Home/Office: Mobile: 90667430	
Nationality SINGAPORE CITIZEN	Email Address pei_shan03@hotmail.com	
Occupation Bus driver	Sex Male	Age 66
	Date of Birth 09/10/1955	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 31/08/2022 23:00 - 31/08/2022 23:00	Location Of Incident 249 COMPASSVALE ROAD #13-604 SINGAPORE 540249	

Brief details.

On 31/08/2022 about 2301hrs, I was driving my vehicle bearing SMB1421Y along woodlands avenue 7 towards Changi airport direction. My vehicle was stationary at the bus stop and suddenly I felt the impact from my right rear and I alighted my vehicle to make a check.

After I alighted, one male individual namely Louis (98213455) who witness the accident asked me to called the ambulance as someone had collided into my vehicle. I asked the rider who was driving bearing

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/09/2022 10:16
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20220901/7018

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220901/7018

FBS6232J if he was feeling fine as I saw he suffered nose bleeding and a cut on his forehead. He informed me that he was able to maintain conscious however required ambulance. Due to the collision my vehicle suffered a dent on the right rear and I suffered no injuries.

Both ambulance and traffic police arrived at scene. We exchanged particulars and he left to the hospital.

Subjects Involved			
Suspect			
Person Name	Chin Hou Xiang		
ID Type	NRIC NO	ID No	T0225968G
Gender	Male	Race	Chinese
Language	Chinese	Address	685C #09-30 Woodlands Drive 73 SINGAPORE 733685
Victim			
Person Name	CHING KOK FAI		
ID Type	NRIC NO	ID No	S1121244A
Gender	Male	Age	66
Race	Chinese	Language	English
Occupation	Bus driver	Address	249 COMPASSVALE ROAD #13-604 SINGAPORE 540249
Mobile No	90667430	Is Informant A Victim?	Yes
Person Name CHING KOK FAI (Informant)			

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
01/09/2022 10:16

Classification Of Case:

**SINGAPORE
POLICE FORCE**

F/20220901/7018

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220901/7018

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Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/09/2022 10:16
Officer In-Charge Of Case:	Classification Of Case: