

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 10/10/2022 13:45 (SGT)
Reported by Driver
Date of Accident 09/10/2022 07:14 (SGT)
Exact Location of Accident Bukit Batok, Singapore
Additional Location Information BUKIT BATOK INTERCHANGE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBS6326Y

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 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 - 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 PETER CHEN SIAO HUI
Work Permit No GXXXX990X
Date Of Birth XXXXXXXXXX
Occupation Outdoor

Date Of Driving Pass	15/08/2022
Driving experience	2 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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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	SMB1605J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	LI XIAOBING
Work Permit No	GXXXX144R

Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident SMRT BUS
No. Of Passenger (Including Driver) -



Statement Form

Employee Name: Peter Chen Siao Hui Date Taken: 09/10/2022
 Employee ID 14205 Time Taken:
 Date of Incident: 09/10/2022 Time of Incident: 07:14hrs
 Service No. & Reg No :- 945 - BUS NO SBS 6326Y.
 Nature of Incident: Side swipe.

Details: At the time of incident my bus was stationary at first parallel parking lot. I was inside my bus suddenly heard a bang sound and I saw SMRT bus SMB1605J hit at my right rear body. My bus sustained right rear signal cover damage.

SMRT bus SMB 1605J left signal cover damage. I make my report to I/s on duty and BOCC. I was instructed by BOCC my bus RTD back Bulim.

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

Peter Chen Siao Hui

Employee Name & No.

Signature

9/10/2022

Date & Time 12:00

Statement Taken Conducted By:

Hasib Yasef

Name / Employee ID

I/S

Designation

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' 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.



Rafiq Chen Siao
9/10/2022
12:00

Rafiq



MOSIR YUSOF



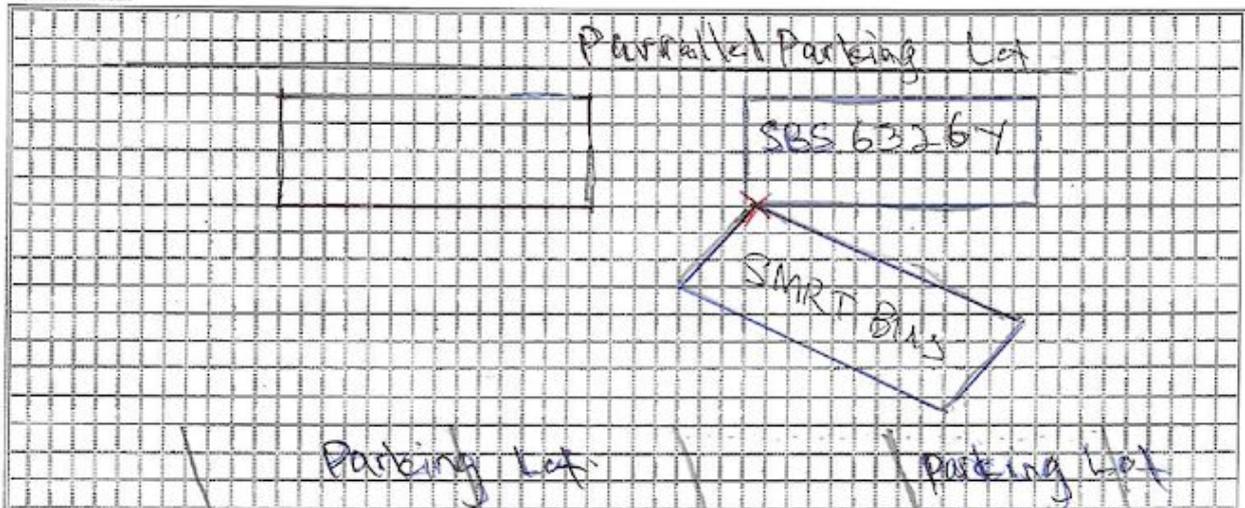
LLS

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

Please Follow my Statement taken

Declaration

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



Refer Chen Siao Hu'
9/10/2022
12:00

Policyholder's Signature / Date & Time



[Handwritten Signature]

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



[Handwritten Signature] 1/5

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







