

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	13/10/2022 13:06 (SGT)
Reported by	Driver
Date of Accident	11/10/2022 16:21 (SGT)
Exact Location of Accident	Temasek Ave, Singapore
Additional Location Information	TEMASEK AVE JUNCT OF RAFFLES AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS6345S
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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	YEOH HANG SHEA
NRIC No	SXXXX092H
Date Of Birth	25/11/1956
Occupation	Outdoor

Date Of Driving Pass	21/05/2009
Driving experience	13 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 - Change/cross lane
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)	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	SJZ7772D
Vehicle Manufacturer	Lexus
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

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:	Yeoh Hang Shea	Date Taken:	11 Oct 2022
Employee ID:	BC10868	Time Taken:	18:55hrs
Date of Incident:	11 Oct 2022	Time of Incident:	16:21hrs
Service No:	097	Duty Number:	97P09
Bus Reg No:	SBS63455		
Nature of Incident:	Bus involved accident with U-turn private car		

Details:

On 11 October 2022 I was do SVC097 duty P09 direction towards MCT before Temasek Ave look from Far away got 2 private car right turn at the junction then I was slow down my bus to cross the Junction Towards Temasek Ave. Suddenly I saw a private car u turn again then cut into my lane on that time I cannot apply E-Brake to avoid because got elderly people boarding in my bus then I hit the private car at the above location then informed to BOCC Given instruction by BOCC exchange 3rd Particular after transfer pax drive bus RTD Bulim..

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

10868 / Yeoh Hang Shea

Employee Name & No.

Signature

11 Oct 2022 18:55 hrs

Date & Time

Statement Taken Conducted By:

Law Chun Wee 12609

Name

Interchange Supervisor

Designation

Describe Circumstance of the Accident

pls follow statement taken

Declaration

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



Policyholder's Signature / Date & Time

YH

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

11-10-2022 18:55



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

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.



Policyholder's Signature / Date & Time

YLS



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

11-10-2022 18:55



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

Sketch Plan













