

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 26/10/2022 17:06 (SGT)
Reported by Driver
Date of Accident 25/10/2022 13:40 (SGT)
Exact Location of Accident Serangoon, Singapore
Additional Location Information SERANGOON CENTRAL - BLK 261 BS 66371
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SG3024A

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 Volvo
Model B5LH
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 ABDUL AZIZ BIN ABDUL HAMID
NRIC No SXXXX949E
Date Of Birth 08/04/1964
Occupation Outdoor

Date Of Driving Pass	13/12/2005
Driving experience	16 YEARS AND 10 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	Kim Keat Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002529999
Alt. Police Station Phone No	(Fax) +65-63554311
Police Station Address	Blk 231 Lorong 8 Toa Payoh #01-186 Singapore 310231
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	SHF748A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	SIM SOON TONG
Contact Number	(Phone) +65-86541914
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT PORTION
Details of property damaged in accident	TRANS CAB
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SIM SOON TONG
Gender	Male
Phone No	(Phone) +65-86541914
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHF748A
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes



Statement Form

Employee Name	Abdul Aziz Bin Abdul Hamid	Employee ID	13090
Designation	Bus Captain	Date Taken	25/10/2022
Service No	S853	Time Taken	1446HRS
Bus Registration No	SG3024A	Date of Incident	25/10/2022
Duty Number	S853A02	Time of Incident	1340HRS
Nature of Incident	At BS 63771 was a lighting Pax.		

I, BC13090 was on svc 853 duty 853A02. With bus reg SG3024A.

At 1340hrs I reported to BOCC, I was at the BS63771 was alighting passengers.

Suddenly a taxi hit my bus from the back. I come down from the bus and check.

SG3024A sustained behind RHS signal light back damage.

15 passengers onboard. No injuries reported.

I manage to exchange particulars with 3rd Party (Trans Cab).

Details: Sim Soon Tong

Contact: 86541914

Registration No: SHF748A

Damage on the taxi tyre bumper and front wheel.

What I know that public called ambulance and he was convey to hospital.

After I reach Mandai Depot I was informed to went back to scene by TP for investigation.

Report Number: #f/20221025/0114

Traffic Accident along: Serangoon Central > YCK LP10 > Infront BLK 261

Svc 853 Bus SG3024A is installed with 360- degree camera and camera operation as normal.

Details:

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

Abdul Aziz Bin Abdul Hamid (13090)



25/10/2022 (1446hrs)

Employee Name and ID

Signature

Date & Time

Statement Taken By:

Sng Soy Hwa 13801



Interchange Supervisor

Employee Name and ID

Signature

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.



Policyholder's Signature / Date & Time

lu 130910

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

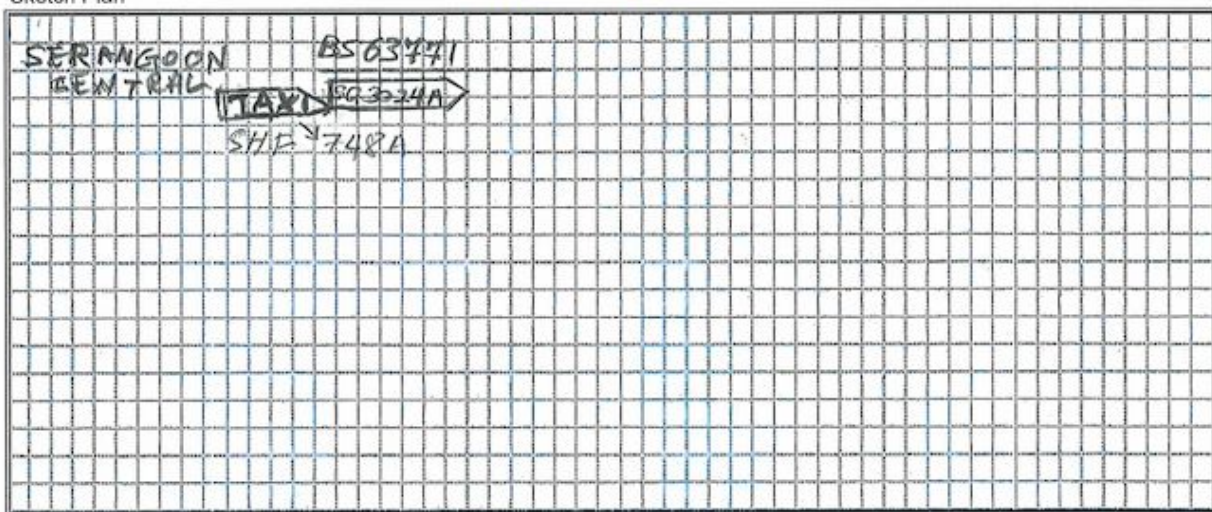


25/10/2022 1446hrs



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

Sketch Plan



Describe Circumstance of the Accident

Please to the statement report.

Declaration

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



Policyholder's Signature / Date & Time

13090

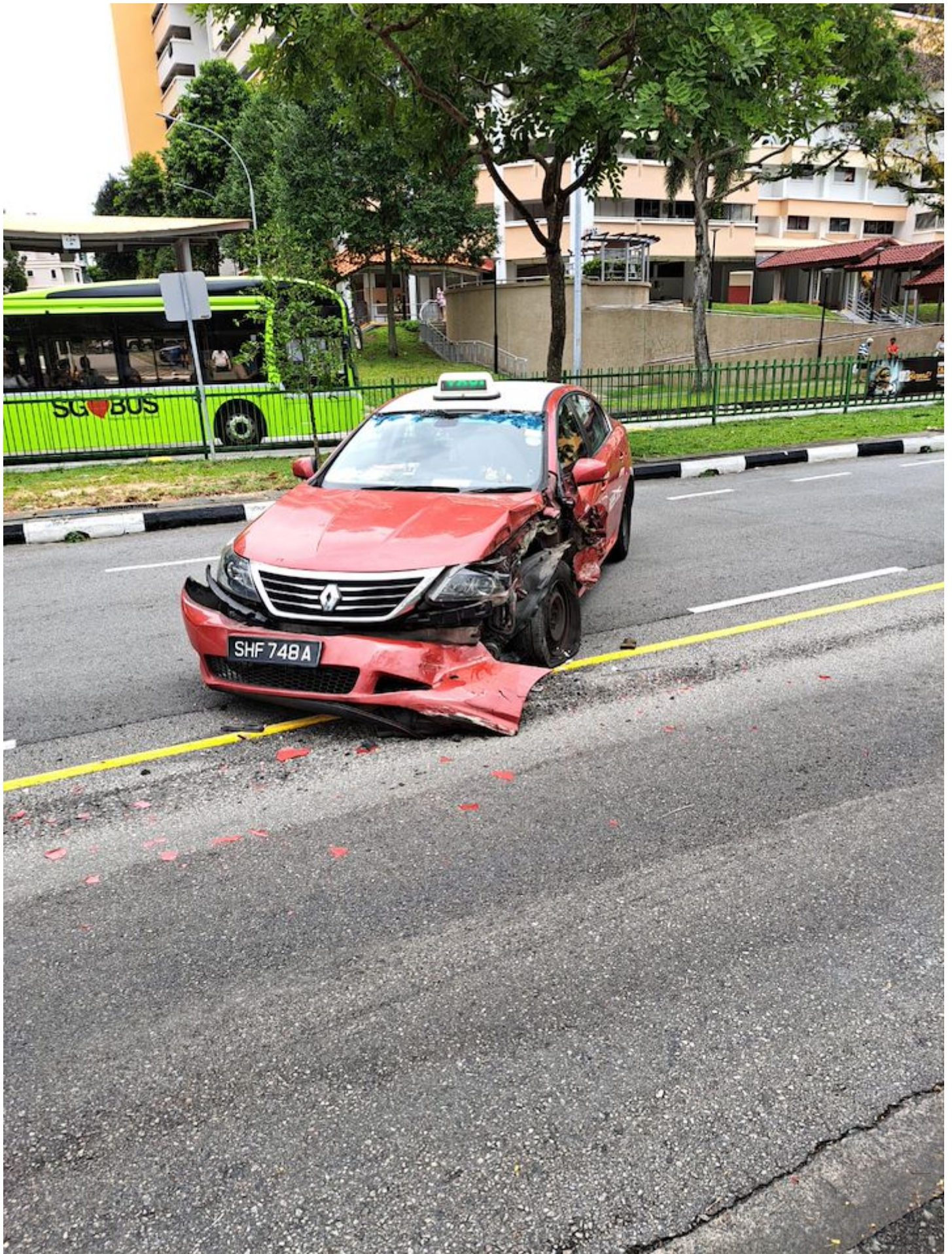
 Driver's Signature (if driver is not the policyholder) / Date & Time
 25/10/2022
 1446h



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



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







**SINGAPORE
POLICE FORCE**



T/20221025/2075

1 of 3

Report No: T/20221025/2075

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/10/2022 18:28	Vide Report No.: F/20221025/0114	Station Diary No.: 18
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Informant's Particulars

Name of Informant: ABDUL AZIZ BIN ABDUL HAMID			Address: APT BLK 232 LORONG 8 TOA PAYOH #04-240 SINGAPORE 310232		
ID Type / ID No.: NRIC NO / S1643949E			Contact No.:		
			Home/Office:		Mobile: 91876122
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 08/04/1964	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: BUS CAPTAIN			Driving Licence Information: Class: 3,4A		
			Date of Expiry:		

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/10/2022 13:40	Type of Location: Straight Road
Location: SERANGOON CENTRAL				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SG3024A	Bus/Coach/Mi nibus				Slightly Damaged	20
SHF748A	Car				Seriously Damaged	0

Details of Person Involved

Details of Person Involved:	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20221025/2075

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

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Report No. T/20221025/2075

CONTINUATION OF REPORT

Driver			
Name	ABDUL AZIZ BIN ABDUL HAMID	ID No.	S1643949E
Related Vehicle	SG3024A (Bus/Coach/Minibus)	Contact No.	91876122
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Sim Soon Tong	ID No.	NIL
Related Vehicle	SHF748A (Car)	Contact No.	86541914
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location, I stopped my bus at the bus stop for passengers to alight. Suddenly, I heard a loud bang. Hence, I proceed to make a check and realized that a red taxi hit onto the rear of my bus. Immediately, I approached the taxi driver who came out of his taxi and rest at the bus stop. I took his particulars and MOP called for ambulance. Shortly after, traffic police arrived at the accident location and advised me to lodge a police report. One case card was given to me by the traffic police.



**SINGAPORE
POLICE FORCE**



T/20221025/2075

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

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Report No. T/20221025/2075

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:
E /
SR STAFF SGT BOH TECK
BOON, KENARD

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
25/10/2022 18:28

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMED FEROUZ BIN HUSSEIN
Contact No.: 65476206

Classification Of Case:

NP168