

## 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	02/11/2022 09:45 (SGT)
Reported by	Both
Date of Accident	22/10/2022 15:10 (SGT)
Exact Location of Accident	Blk 26, Singapore
Additional Location Information	Choa Chu Kang Road before BS: 44131 (Blk26)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG5975S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SMRT BUSES LTD
Company Reg No	1XXXXX292D
Email Address	Auto-Svcs-BARC@smrt.com.sg
Mobile Phone No	(Phone) +65-68662672
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Man
Model	Ng363f
Variant	-
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	10518

### INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D22099124MFBP

### DRIVER

Name of Driver	ZONG XIANBO
NRIC No	GXXXX035Q
Date Of Birth	04/06/1988
Occupation	Outdoor

Date Of Driving Pass	15/03/2018
Driving experience	4 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	Auto-Svcs-BARC@smrt.com.sg
Address	60 WOODLANDS INDUSTRIAL PARK E4
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)	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

On 22/10/2022 at around 1510hrs, I was travelling on the middle lane of 03 lane along Choa Chu Kang Road heading towards the direction of Bukit Panjang Bus Interchange -BPITH on Svc 180,SG5975S.

My bus speed was around 15-20km/hrs. While bus was travelling straight approaching the next bus stop 44131 for my pax activity, I noticed that the extreme left lane was for vehicle making their left turn. So, I continued to move on and travelled straight passing the non-signalized junction, when the left front of the bus was collided onto by a Singapore registered private car that had cut into my bus path in front. There were 25 pax onboard bus, while I was reporting to BOCC on this accident case. Paxs alighted from bus by themselves. There was No injury reported. After exchanging particulars with the 3rd party driver, bus was instructed to continue with revenue service from the accident location. I conduct damage checks and notice that bus Left front body had scratched. I am physically fit for driving with enough rest before performing my duty and currently not on any form of medication.

#### ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA8422C
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	Lim Chong Chin (Lin Zongjin)
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	Income Insurance Limited
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation.**
6. The 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 lodgment 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)**

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 the Insurers' lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required, for the purposes stated; or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time

*[Signature]*

Driver's Signature  
(If Driver is not the policyholder)  
Date & Time

27049

25/10/2022



Reporting Centre Personnel's Signature  
Name  
NEC/RY No.

### SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

## DECLARATION

I/We declare the to

are true in every respect.



For a folder & signature

案 27099

Driver's Signature \_\_\_\_\_

If Green is not the lawyer, then

25/12/2022



Reporting Center Personnel's Signature  
Name

NRCT-23-2