

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	16/11/2022 16:25 (SGT)
Reported by	Driver
Date of Accident	15/11/2022 19:15 (SGT)
Exact Location of Accident	Boon Lay, Singapore
Additional Location Information	BOON LAY WAY - BS 28091 LAKESIDE STN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS3361P
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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	Volvo
Model	B9tl
Variant	DOUBLE 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	13000

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-22099187MFBP

DRIVER

Name of Driver	LOOKE MAN KONG
NRIC No	SXXXX908B
Date Of Birth	22/10/1965
Occupation	Outdoor

Date Of Driving Pass	16/09/1993
Driving experience	29 YEARS AND 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	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

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	SMB346M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-

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



Statement Form

Employee Name:	<u>Locke Man Kong</u>	Date Taken:	<u>16 November 2022</u>
Employee ID:	<u>10821</u>	Time Taken:	<u>1130hrs</u>
Date of Incident:	<u>15 November 2022</u>	Service No:	<u>098A</u>
Time of Incident:	<u>1915hrs</u>	Duty No:	<u>098S06</u>
Bus Reg No:	<u>SBS3361P</u>		
Nature of Incident:	<u>Sideswipe between 2 buses</u>		

Details:

On 15 Nov 2022 I BC 10821 on 098S06 driving SBS3361P around 1915hrs I was 2nd bus stopping at Lakeside Stn (B/S 28091) carrying out passenger related activity. Suddenly a SMRT (SMB346M) bus overtaking my bus and enter bus stop in high speed causes my bus RHS view mirror bend outwards. I immediately alight and check on my bus and found out that my bus RHS view mirror crack. I called BOCC to report on this accident and BOCC instructed me to transfer pax to rear bus and return to depot. No injury reported in this accident.

My bus sustains RHS view mirror bent outwards and crack, while 3rd party sustains left body panel scratches.

Question: Usage of 360 camera onboard bus during the accident? ☒ Yes / ☐ No

Locke

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

Locke Man Kong 10821

Employee Name & No.

Locke

Signature

16 Nov 2022 1130hrs

Date & Time

Statement Taken Conducted By:

Lim Chun Kai

Name

Interchange Supervisor

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.

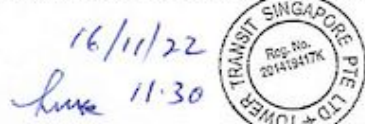
(collectively the "Purposes")

(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

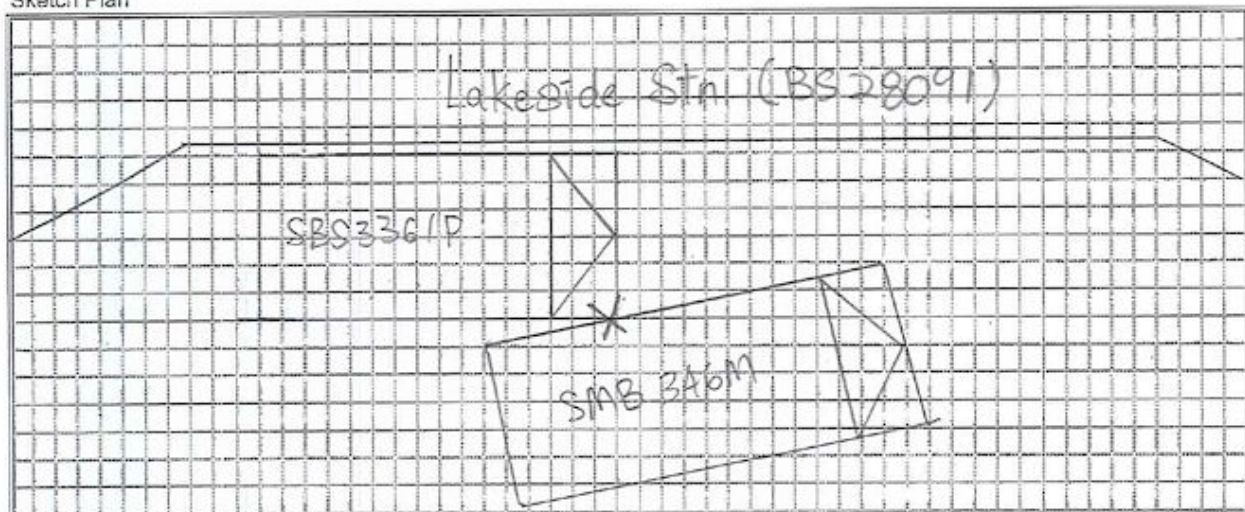


Driver's Signature (if driver is not the policyholder) / Date & Time



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

Sketch Plan



Describe Circumstance of the Accident

Refer Statement Form

Declaration

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



Policyholder's Signature / Date & Time

16/11/22
Looke 11:30

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



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