

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	07/12/2022 17:00 (SGT)
Reported by	Both
Date of Accident	28/11/2022 00:00 (SGT)
Exact Location of Accident	Blk 432, Singapore
Additional Location Information	Junction of Choa Chu Kang Loop and Choa Chu Kang Ave 4 - bef BS: 45231 (Blk 432)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG5532L
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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	Volvo
Model	B9tl
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	Manual
CC	9364

INSURANCE COMPANY

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

DRIVER

Name of Driver	LIM WENG KEON
NRIC No	SXXXX184Z
Date Of Birth	09/02/1961

Occupation	Outdoor
Date Of Driving Pass	03/11/2020
Driving experience	2 YEARS
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	SINGAPORE
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	Collision - Major/Minor Rd
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 28/11/2022 at around 0555hrs, I was travelling on the left lane of 02 lanes along Choa Chu Kang Drive heading towards the direction of CCKI Bus Interchange on Svc 302,SG5532L (Loop Svc). My bus speed was around 15-20km/hrs. While bus was travelling straight approaching the traffic junction yellow box, I noticed that the traffic light ahead was showing red in color so I stopped my bus before the yellow box and waited. While waiting, I noticed that there was an exit road on my left side and a pte lorry (Malaysia Lorry) had stopped along the left lane before the yellow box). When the traffic light showed green in color and the vehicles in front had moved off, I followed and inched my bus forwards. As my bus was moving forwards, a pte car Exited out from the small road on my left side and grazed against my bus left front portion to result in this SS accident case. After exchanging particulars, bus was to continue revenue duty. No injuries reported from this accident. Bus left front bumper had some scratched marked. 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	SMM6871R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Ng Joo Liang
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Allianz Insurance Singapore Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

Bc 81860/302

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Rim 371980 3-2/54
5532L

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

Lined area for describing the circumstance of the accident.

Declaration

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



Policyholder's Signature / Date & Time

Johnyph 31860

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



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



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SS3D22C60006 Vehicle Registration No: SG5532L
Name(as shown in NRIC) : SMRT BUSES LTD NRIC/FIN/Passport No : 198202292D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 60 WOODLANDS INDUSTRIAL PARK E4 Singapore(757705)
Contact (Tel) : 68662672 Mobile No. : _____
Email Address : Auto-Svcs-BARC@smrt.com.sg
Date of Accident : 28/Nov/2022 Time of Accident : 5:55 AM
Place of Accident : Junction of Choa Chu Kang Loop and Choa Chu Kang Ave 4 - bef BS: 45231 (Blk 432)
Insurance Company: MS First Capital Insurance Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND DATE OF ACCIDENT TO 28 NOV 2022



Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: