Your NCD will be affected due to late reporting

G¹ᴬ 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 witholding 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	29/12/2022 10:02 (SGT)
Reported by	Driver
Date of Accident	22/12/2022 13:22 (SGT)
Exact Location of Accident	Blocks 271 to 284, Bukit Batok East Ave 3, Singapore 650271
Additional Location Information	Bukit Batok East Ave 3 (bef Blk 231)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG1889J

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SBS TRANSIT LTD
Company Reg No	199206653M
Email Address	simht@sbstransit.com.sg
Mobile Phone No	(Phone) +65-99999999
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Man
Model	MAN A22 EU68
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	D-22099137MFBP

DRIVER

Name of Driver	Hii Tung Hwong
Passport No/FIN	G2188586Q
Date Of Birth	07/11/1972
Occupation	Outdoor

Date Of Driving Pass	19/02/2013
Driving experience	9 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-99999999
Alt. Phone Number	-
Email Address	simht@sbstransit.com.sg
Address	No 17A Jln Mantis Timur 95000 Sibu Sarawak
Address complement	-
Postcode	-
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)	7
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	sim huat tiang
Translator's ID	S1446247C
Translator's phone number	(Phone) +65-99999999
Translator's email	simht@sbstransit.com.sg
Original language used in the statement	English

PASSENGER 1

Name	unknown
Gender	Male

PASSENGER 2

Name	unknown
Gender	Female

PASSENGER 3

Name	unknown
Gender	Male

PASSENGER 4

Name	unknown
Gender	Female

PASSENGER 5

Name	unknown
Gender	Male

PASSENGER 6

Name	unknown
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

I was driving slowly on the most inner lane along Bt Batok East Ave 3 & before b/stop near Blk 231 heading towards SGI. A TTS bus SBS3399G (s106) travelling on my right cut into my front path while I slowed down but as a result, the left rear of SBS3399 grazed against the right v/m of my bus. No injury involved.

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	SBS3399G
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	-
No. Of Passenger (Including Driver)	-

AR-2022-4298
Bc79030

SKETCH PLAN

IMPORTANT NOTICE

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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.

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
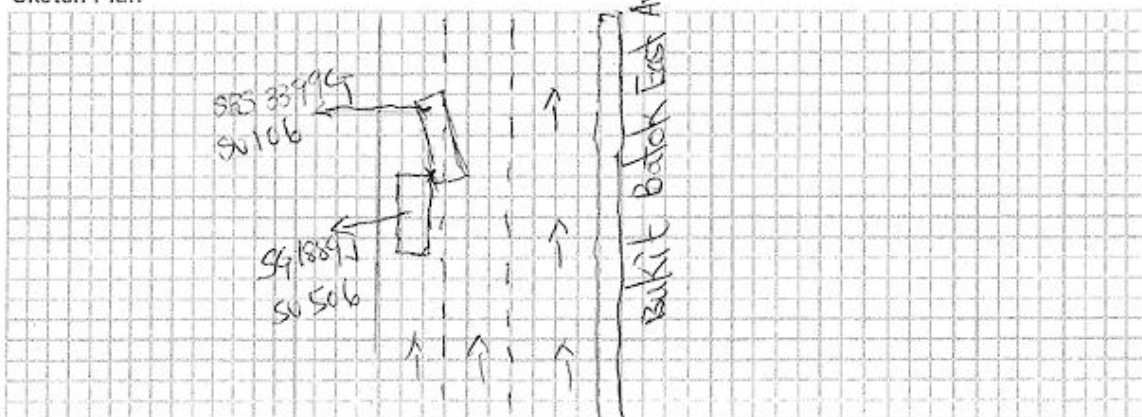
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
22.12.22	79030 22/12/2022	

Sketch Plan

Describe Circumstances of the Accident

Please Refer To GIA

Declaration

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

Policyholder's Signature / Date & Time

22.12.22

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

79030

22/12/2022

Witnessed by Reporting Centre Personnel