

## 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 .....	03/01/2023 14:01 (SGT)
Reported by .....	Driver
Date of Accident .....	30/12/2022 11:55 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMB5074P
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	TOWER TRANSIT SINGAPORE PTE LTD
Company Reg No .....	201419417K
Email Address .....	feedback@towertransit.sg
Mobile Phone No .....	(Phone) +65-18002480950
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Alexander Dennis
Model .....	ENVIRO500
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 - Reporting only
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 .....	MOHD ZAHID BIN MD YATIM
NRIC No .....	S1824403I
Date Of Birth .....	06/08/1966
Occupation .....	Outdoor

Date Of Driving Pass .....	02/03/2021
Driving experience .....	1 YEAR AND 9 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? .....	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
Reasons for not uploading a video of the accident .....	FILE TOO BIG

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SBS6665T
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	Citaro
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 .....	SBS TRANSIT LTD
No. Of Passenger (Including Driver) .....	-



## Statement Form

Employee Name	Mohd Zahid Bin Md Yatim	Employee ID	12933
Designation	Bus Captain	Date Taken	30/12/2022
Service No	169	Time Taken	1930hrs
Bus Registration No	SMB5074P	Date of Incident	30/12/2022
Duty Number	169S01	Time of Incident	1155hrs
Nature of Incident	Hit into SBST		

## Details:

On 30/12/2022, I BC12933, I'm on service 169S01 On mentioned time and date I was driving my SMB5074P, When I was at Ang Mo Kia B/S 54211. I reverse my bus at the mentioned bus stop due to alighting wheelchair follow of the bollard marking when I open the rear door to alighting the wheelchair, but the wheelchair cannot pass throw and I decided to reverse my bus in the result my bus was accidentally hit into SBST bus.

No injuries were reported.

I informed BOCC regarding the accident and BOCC instructed me to exchange particular with SBST BC.

My bus was installed with a 360-degree camera and its was operational

TTS bus sustained rear body scratched

SBST bus sustained LHS side mirror bent

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

Mohd Zahid 12933

Employee Name and ID

Zahid

Signature

30.12.22

Date & Time

## Statement Taken By:

Vasan 13920

Employee Name and ID

[Signature]

Signature

Interchange Supervisor

Designation



















