

## 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	21/12/2022 11:57 (SGT)
Reported by	Both
Date of Accident	19/12/2022 14:13 (SGT)
Exact Location of Accident	Kranji, Singapore
Additional Location Information	Kranji Way (alt BS: 49199 - Kranji Resvr Pk B)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB159L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SMRT BUSES LTD
Company Reg No	DXXXXXXXXMFBP
Email Address	Auto-Svcs-BARC@smrt.com.sg
Mobile Phone No	(Phone) +65-68662672
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Citaro
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	1

#### INSURANCE COMPANY

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

#### DRIVER

Name of Driver	WANG WEI
NRIC No	SXXXX500D
Date Of Birth	25/06/1986
Occupation	Outdoor

Date Of Driving Pass	25/03/2022
Driving experience	9 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	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	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 19/12/2022 AT 1413 HRS, I WAS DRIVING SMB159L, SVC925. THERE WERE APPROXIMATE 7 PAX ON BAORD. I AM ON PERMANENT AFTERNOON SHIFT FOR SERVICE 925. I FELL ASLEEP AT 2300HRS ON 18/12/2022 AND WOKE UP AT APPROXIMATE 1000 HRS ON 19 DEC 2022. I WAS PHYSICALLY AND MENTALLY FIT FOR DRIVING AND CURRENTLY NOT ON ANY FORMS OF MEDICATION. I PROCEED TO MAKE MY WAY TO WITH TO COLLECT MY VEHICLE TO START MY 1ST TRIP AT 1247 HRS. AFTER COMPLETING MY 1ST TRIP AT 1342 HRS. I HAD APPROXIMATE 11 MINS OF REST BEFORE I STARTED MY 2ND TRIP AT 1353 HRS. I WAS CONDUCTING PAX ACTIVITY AT BS 49199. AFTER PAX ACTIVITY, I PROCEED TO EXIT KRANJI WAY PARKING LOT WHEN I SAW TP WAS STATIONARY ALONG THE PERPENDICULAR RIGHT LANE ALONG KRANJI WAY. AFTER COMPLETING MY RIGHT TURN I WAS TRAVELLING STRAIGHT ALONG KRANJI WAY WHEN I HEARD A THUD SOUND. I STOPPED MY VEHICLE AND CHECKED AND REALISED THAT TP RIGHT FRONT BUMPER COLLIDED ONTO MY RIGHT REAR TYRE. THERE WERE PERSONNEL INJURED DUE TO THIS ACCIDENT. I CALLED BOCC REGARDING THIS ACCIDENT. BOCC REQUESTED ME TO EXCHANGE PARTICULARS WITH TP BEFORE REVENUE WITH MY SERVICE BACK TO WITH AND REPORT THIS ACCIDENT TO MY OPS SUP AT WITH.

#### 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	SJE7640L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PATRICK CROSS
Contact Number	(Phone) +65-98383752
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Income Insurance Limited
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

**SKETCH PLAN**

BUS 12/22/7013

SMB159L

**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 willful 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

**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 be 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 insurers 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 making 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 be 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 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:

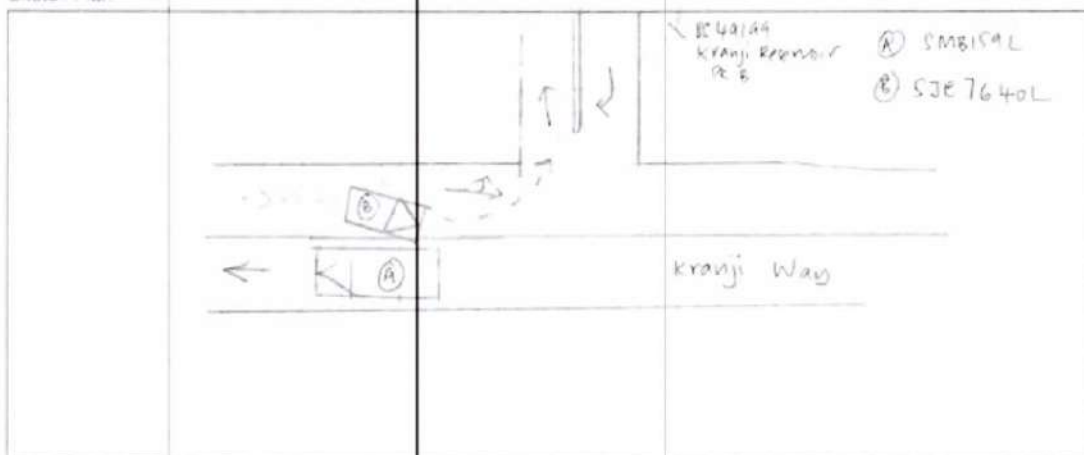
W-4 W-5

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



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

Sketch Plan



Describe Circumstance of the Accident

Declaration  
(We declare the foregoing particulars are true in every respect)



Policyholder's Signature / Date & Time:

WANG WEI

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



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