

## 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 ..... 11/01/2023 09:34 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 04/01/2023 22:10 (SGT)  
Exact Location of Accident ..... Stamford Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SG5507K

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SBS TRANSIT LTD  
Company Reg No ..... 1XXXXXXXXXXTE01  
Email Address ..... thammk@sbstransit.com.sg  
Mobile Phone No ..... (Phone) +65-63754198  
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 ..... Auto  
CC ..... 9364

#### INSURANCE COMPANY

Name of Insurance Company ..... MS First Capital Insurance Ltd  
Policy Number / Cover Note Number ..... D-22099137MFBP

#### DRIVER

Name of Driver ..... Lee Shiau Kien  
Passport No/FIN ..... FXXXX053R  
Date Of Birth ..... 14/09/1979  
Occupation ..... Outdoor

AR-2023-0107

