

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	02/02/2023 09:49 (SGT)
Reported by	Actual Driver
Date of Accident	26/01/2023 23:01 (SGT)
Exact Location of Accident	Near 49 Sims Ave, Singapore 387413
Additional Location Information	Along Sims Ave after KPE, after b/s 80051
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG6082L
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SBS Transit Ltd
Company Reg No	1XXXXXXXXXXTE01
Email Address	leehj@sbstransit.com.sg
Mobile Phone No	(Phone) +65-99999999
Alternative Phone No	(Office) +65-65151383

VEHICLE PARTICULARS

Manufacturer	Man
Model	A95 EU6 DD
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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	D22099137MFBP

DRIVER

Name of Driver	TAY JIN HUI
NRIC No	SXXXX521F
Date Of Birth	14/01/1987
Occupation	Outdoor

Date Of Driving Pass	31/10/2017
Driving experience	5 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88221719
Alt. Phone Number	-
Email Address	leehj@sbstransit.com.sg
Address	APT BLK 435B BUKIT BATOK WEST AVENUE 5 #03-986
Address complement	-
Postcode	652435
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)	26
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Male

PASSENGER 5

Name	UNKNOWN
Gender	Female

PASSENGER 6

Name	UNKNOWN
Gender	Female

PASSENGER 7

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?	-

CIRCUMSTANCES OF ACCIDENT

According to BC 79524 : I was driving at left most lane along Sims Ave. Whilst approached to the egress of KPE, there was a lorry (GBB6973J) rushing out from the slip road and collided onto my bus. No one was injured. Bus sustained left front windscreen cracked and left body panel scratches. Lorry sustained front right bumper damaged and RHS rear view mirror dislodged. OCC was informed and I was instructed to RTD to UPD after exchanging particulars with lorry driver.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB6973T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ONG THYE @ ONG THAI
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	Front right bumper damaged and RHS rear view mirror dislodged
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

AR-2023-048D
26/01/2023

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 Authorised 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. The 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 lodgment 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 purposes 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
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.

VIVIAN LEE HUEY JUAN
Safety Officer
Ulu Pandan Depot

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/PR No:

SKETCH PLAN

AS per attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS per attached

DECLARATION

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

VIVIAN LEE HUEY JUAN
Safety Officer
Ulu Pandan Depot

Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name
SPIC/PIN No.

Track ID: 024115

SBS Transit

Sketch Plan

A - SG6082L

B - GBB6973T
GBB6973T

I/O in charge	: Andrew Goh
Report No	: AR-2023-0480
Date & Time Acc	: 26/01/2023
意外日期與時間	: 2301hrs
Bus No. 巴士車牌	: SG6082L
Svc No. 路線	: 080
BC No. 工牌號碼	: 79524
BC Name. 姓名	: JIA JIA HUI
Signature. 簽名	: JIA
Date. 日期	: 30/01/2023

Along Sims Ave after
junction with Sims
Way. After b/c 80051
Aft Lor 1 Geylang

