

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 | 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 |