

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	06/04/2023 15:47 (SGT)
Reported by	Owner
Date of Accident	05/04/2023 07:30 (SGT)
Exact Location of Accident	Near 3150 Commonwealth Ave W, Singapore 129580
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS8760M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SBS Transit Ltd
Company Reg No	199206653MPTE01
Email Address	leekokleong@sbstransit.com.sg
Mobile Phone No	(Phone) +65-00000000
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Scania
Model	KUB 4X2
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	8867

INSURANCE COMPANY

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

DRIVER

Name of Driver	XU XINBIAO
Work Permit No	G2841927P
Date Of Birth	07/06/1977
Occupation	Outdoor

Date Of Driving Pass	18/07/2016
Driving experience	6 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-00000000
Alt. Phone Number	-
Email Address	leekokleong@sbstransit.com.sg
Address	550 BUKIT BATOK STREET 23 SINGAPORE 659519
Address complement	-
Postcode	659519
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

According to BC Xu Xinbiao (BC61846) reported that his bus was involved in a sideswipe accident with TTS Svc106/ SMB3509R while waiting stationary at along C'wealth Ave West after passed by X-junction of Clementi Ave 4 when approaching Clementi Stn Exit B Bus-stop 17179 location.

No injuries reported from both buses. CRS instructed BC RTD back to BBD after exchanging particulars with TTS BC.

Damages:
 [Off-service]SBS3760M - Bus sustained RHS Rear view mirror damage.
 SMB3509R/Svc106 Bus sustained LHS Rear view mirror no visible damage.

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	SMB3509R
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	UNKNOWN (TOWER TRANSIT)
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	side-swiped
Details of property damaged in accident	RHS rear view mirror no visible damage
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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' law yers/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 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

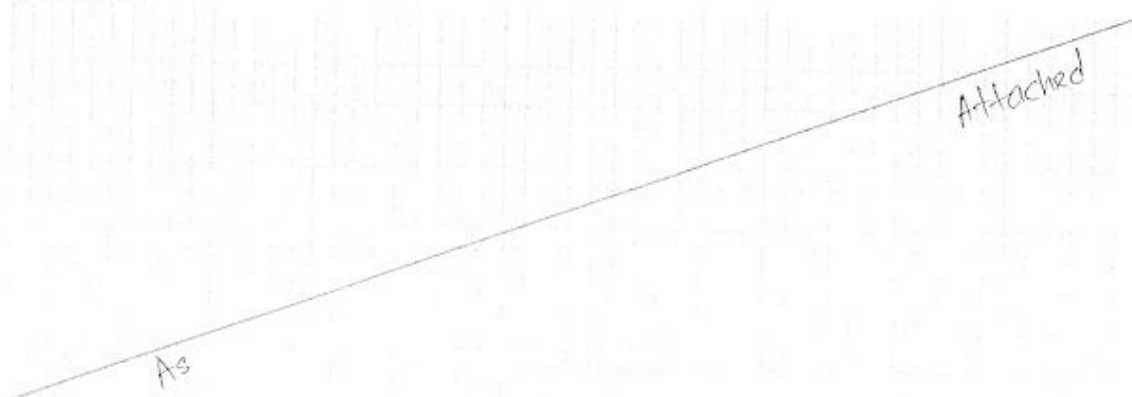
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

LEE KOK LEONG
Operations Personnel
Bukit Batok Depot

Sketch Plan



SBS Transit

Sketch Plan

CLEMENTI STN
ENT. 5
BUS-STOP
14179

C/WEALTH AVE WEST

A

B

CLEMENTI AVE A →

I/O In charge :	
Report No :	AR-2023-1870
Date & Time Acc :	5/4/23
意外日期與時間 :	0730 AM
Bus No: 巴士車牌:	SBS 8760 M
Svc No: 路線:	100
BC No: 工牌號碼:	61646
BC Name: 姓名:	LU XIN BIAO
Signature: 簽名:	X XSN/BIAO
Date: 日期:	5/4/23

A - SBS 8760M | SVC 100

B - 3MB 3509 R | SVC 106 (TTB)