

## 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 .....	13/04/2023 16:15 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	12/04/2023 12:05 (SGT)
Exact Location of Accident .....	Bendemeer Rd, Singapore
Additional Location Information .....	BENDEMEER RD AFTER BS60159 - BLK 54
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SG3045P
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	TOWER TRANSIT SINGAPORE PTE LTD
Company Reg No .....	D-22099187MFBP
Email Address .....	feedback@towertransit.sg
Mobile Phone No .....	(Phone) +65-18002480950
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Volvo
Model .....	B5LH HYBRID
Variant .....	SINGLE DECK
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 - Reporting only
Vehicle Category .....	Bus
Transmission .....	Auto
CC .....	11000

#### INSURANCE COMPANY

Name of Insurance Company .....	MS First Capital Insurance Ltd
Policy Number / Cover Note Number .....	201419417K

#### DRIVER

Name of Driver .....	WONG KAR CHOON
Work Permit No .....	G6837704N
Date Of Birth .....	16/05/1991
Occupation .....	Outdoor

Date Of Driving Pass .....	05/08/2016
Driving experience .....	6 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-18002480950
Alt. Phone Number .....	-
Email Address .....	feedback@towertransit.sg
Address .....	C/O : 21 BULIM DRIVE
Address complement .....	BULIM BUS DEPOT
Postcode .....	648170
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 .....	1
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

PLEASE REFER ATTACHED

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	EE6666D
Vehicle Manufacturer .....	Lexus
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -



## Statement Form

Employee Name	Wong Kar Choon	Employee ID	13949
Designation	Bus captain	Date Taken	12 APRIL 2023
Service No	853	Time Taken	1700hrs
Bus Registration No	SG3045P	Date of Incident	12 APRIL 2023
Duty Number	853S04	Time of Incident	1205hrs
Nature of Incident	Accident With Private Car.		

I BC 13949 on above-mentioned date and time I was on duty 853S04 and drive SG3045P.

When I boarded and got off the passengers at b/s 60159 (blk54), I started to drive slowly and prepared to change lanes from the third lane to the second lane. At that time, I saw that there was no car behind the security, so I started to drive slowly changing lanes, I don't know what happened. There were one private car rubbing against the back of my bus. After that, the private cars and I listened safely beside the safe road. Afterwards, I got off the bus to check the situation, and I informed BOCC immediately, and BOCC asked me to exchange particular with 3rd party with my private car. BOCC informed me continue service after exchanging particular with 3<sup>rd</sup> party.

No visible injuries were reported.

My bus is equipped with 360 cameras.

Details:

\*I confirmed that the above statement given by me is correct to the best of my knowledge.

Wong Kar Choon 13949

12/4/2023

1700 HRS

Employee Name and ID

Signature

Date & Time

Statement Taken By:

Liew Kok Soon 13429

interchange supervisor

Employee Name and ID

Signature

Designation

Page 1 of 1

## 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' 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 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.



*Signature* 13949



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan

Toward to Yithun ←

3045 private car  
TTS Bus

Along Bendemeer RD before whampoa st



Describe Circumstances of the Accident

Please refer BC statement

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]* 13949

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



Witnessed by Reporting Centre Personnel































