

## 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 .....	25/04/2023 16:58 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	13/04/2023 17:10 (SGT)
Exact Location of Accident .....	Senja Rd, Singapore
Additional Location Information .....	Junction of Senja Road and Bukit Panjang Ring Road before BS: 44721 (Opp Jelapang Stn)
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMB3576X
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SMRT BUSES LTD
Company Reg No .....	1XXXXX292D
Email Address .....	Auto-Svcs-BARC@smrt.com.sg
Mobile Phone No .....	(Phone) +65-68662672
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Alexander Dennis
Model .....	ENVIRO500
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 .....	8849

#### INSURANCE COMPANY

Name of Insurance Company .....	MS First Capital Insurance Ltd
Policy Number / Cover Note Number .....	D-23100857MFBP

#### DRIVER

Name of Driver .....	ZHU PENG
NRIC No .....	GXXXX490R
Date Of Birth .....	24/10/1978

Occupation .....	Outdoor
Date Of Driving Pass .....	16/04/2012
Driving experience .....	11 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-68662672
Alt. Phone Number .....	-
Email Address .....	Auto-Svcs-BARC@smrt.com.sg
Address .....	60 WOODLANDS INDUSTRIAL PARK E4
Address complement .....	SINGAPORE
Postcode .....	757705
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

I WAS DRIVING BUS REG. NO. SMB3576X AT THE STATED DATE AND TIME. MY BUS WAS STATIONARY AT THE CENTRE LANE OF SENJA ROAD WAITING FOR GREEN ARROW TO TURN RIGHT TO JELAPANG ROAD. WHEN TRAFFIC SHOWED GREEN ARROW, I DROVE OFF AT REDUCED SPEED AT THE SAME TIME ENSURING THAT I WAS TURNING RIGHT WITH MY LANE. WHILE IN PROCESS OF TURNING INTO JELAPANG ROAD, I HEARD A LOUD BANG. WHEN I CHECK THE RIGHT VIEW MIRROR, I SAW A PTE CAR LEFT FRONT PORTION HAD ALREADY COLLIDED INTO MY BUS RIGHT REAR PORTION. I STOPPED THE BUS IMMEDIATELY AND ENGAGED HANDBRAKE BEFORE LEAVING BUS TO CHECK ON THE EXTERIOR DAMAGES TO MY BUS. MY BUS SUSTAINED SCRATCHES AND DENTS ON THE RIGHT REAR PORTION. THE PTE CAR LEFT FRONT PORTION WAS DENTED. ALL 30 PAX ALIGHTED WITH NO INJURIES REPORTED AT THAT TIME. I CONTACTED BOCC TO REPORT THE ACCIDENT. AFTER EXCHANGED PARTICULARS WITH THE THIRD PARTY DRIVER, I DROVE THE BUS ON OFF SERVICE BACK TO KRANJI DEPOT. THAT'S ALL

#### 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 .....	SJC6500A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LIM WEE LAM
Contact Number .....	(Phone) +65-96201477
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN**

BNC1041231

SMB3576X

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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.



Policyholder's Signature / Date & Time

*[Signature]*

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

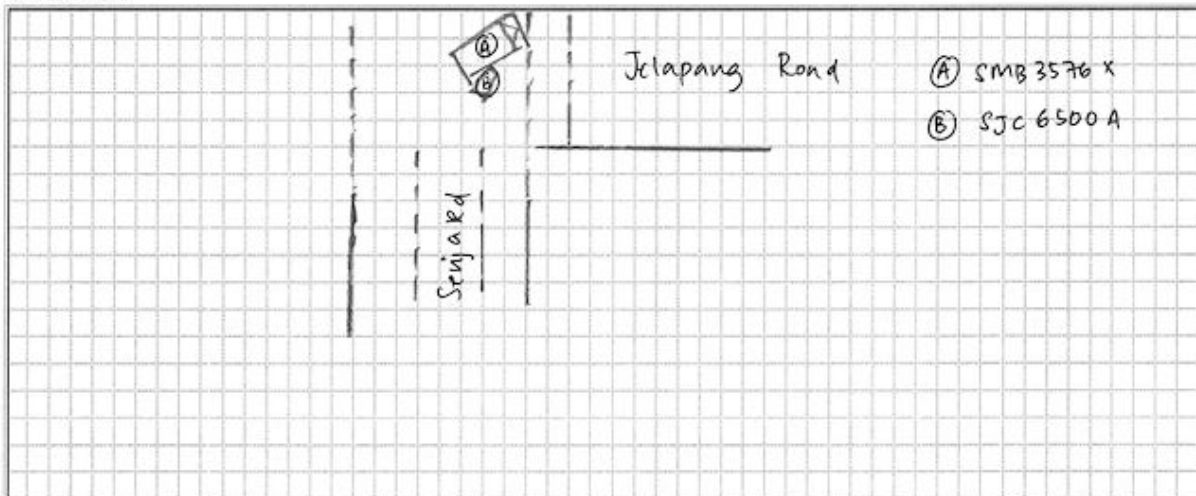
1:54 PM

25-4-2023

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)




**Sketch Plan**



13-4-2023 17:10 PM

Describe Circumstance of the Accident

 SJC 6500A  
 LIM WEE LAM  
 林伟南  
 96201477

Declaration

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



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)