

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	10/05/2023 17:27 (SGT)
Reported by	Actual Driver
Date of Accident	09/05/2023 17:30 (SGT)
Exact Location of Accident	Woodlands, Singapore
Additional Location Information	JUNCTION OF WOODLANDS AVE 9 B4 BS 46461 OPP BLK 757A CP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB20C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TOWER TRANSIT SINGAPORE PTE LTD
Company Reg No	2XXXXXX417K
Email Address	feedback@towertransit.sg
Mobile Phone No	(Phone) +65-18002480950
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	BENZ OC500
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 - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	11000

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-22099187MFBP

DRIVER

Name of Driver	XIA LIGUO
Work Permit No	GXXXXX322U
Date Of Birth	27/03/1980

Occupation	Outdoor
Date Of Driving Pass	13/01/2020
Driving experience	3 YEARS AND 4 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	Hit and run / Vandalism / Damaged whilst parked
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?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
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	YN6137E
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	MSIG Insurance (Singapore) Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



Statement Form

Employee Name	Xia Liguu	Employee ID	13962
Designation	Bus Captain	Date Taken	10/05/2023
Service No	169	Time Taken	1140hrs
Bus Registration No	SMB20C	Date of Incident	09/05/2023
Duty Number	169S11	Time of Incident	1732hrs
Nature of Incident	SVC169 bus was involved in hit and run accident with a lorry		

Details:

I, BC13962 on above mentioned date was doing service 169. At 1730hrs, While I am travelling along Woodlands Ave 9 towards AMK Interchange, I was driving on the left lane of the three-lane road, junction of North Coast Ave before B/S46461. When I saw right side mirror, I found bus right rear body panel damaged. I didn't feel any impact however the bus was hit. I stopped at bus stop Opp Blk 757A CP to make a checked. I call in informed BOCC the accident happens and BOCC informed me that they had contacted police to the scene. At the same time communication with BOCC, a Chinese female passenger shown me a photo of the lorry that might have hit my bus and just drove off. She informed me the lorry was last seen making a left turn into North Coast Ave. I didn't have 3rty particulars. No injuries reported and 11 pax were safely transferred. Traffic police arrived at scene and advised me to lodge a police report. After police investigated, BOCC instructed me off service back to the Mandai depot. Bus installed with 360-degree camera.

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

Xia Liguu BC13962

10/5/2023 PM 12:26

Employee Name and ID

Signature

Date & Time

Statement Taken By:

Wong Chu Yin 13946

Interchange Supervisor

Employee Name and ID

Signature

Designation

SKETCH PLAN**IMPORTANT NOTICE**

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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

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



Witnessed by Reporting Centre Personnel

Sketch Plan

854616

Describe Circumstances of the Accident

Please refer to the statement.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Xs 10/5/2023 11:33AM

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



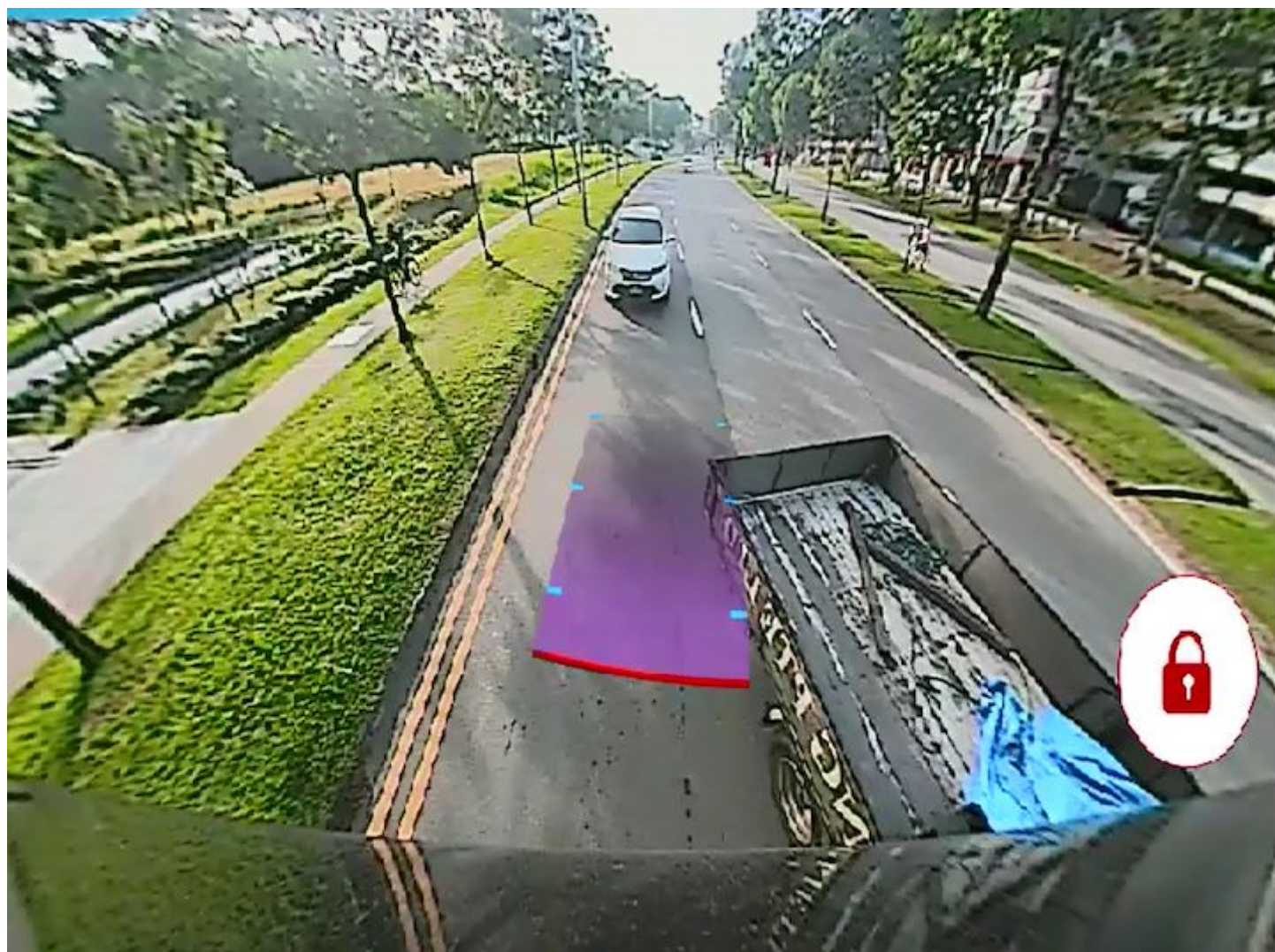
Witnessed by Reporting Centre Personnel













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Report No. T/20230509/2113

Date/Time Report Made: 09/05/2023 23:33	Vide Report No.: L/20230509/0088	Station Diary No.: 123
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Name of Informant: XIA LIGUO			Address:	
ID Type / ID No.: FIN NO / G6863322U			Contact No.: Home/Office: Mobile: 90192597	
Nationality: CHINESE			Email:	
Sex: Male	Age: 43	Date of Birth: 27/03/1980	Type of Informant: Driver	
Race: Chinese			Language:	
Occupation: Bus driver			Driving Licence Information: Class: Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/05/2023 17:30	Type of Location: Straight Road
Location: WOODLANDS AVENUE 9				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMB20C	Bus/Coach/Minibus	MERCEDES BENZ	OC500LE1830H	Black	Seriously Damaged	11
YN6137E	Lorry	mitsubishi	CANTER FEB21ER4S DER	White	No Damage	0



SINGAPORE
POLICE FORCE



T/20230509/2113

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20230509/2113

CONTINUATION OF REPORT

Brief Details.

On 09/05/2023 at about 1730hrs, I was at the left side of the 3-lane road along woodlands ave 9 towards woodlands ave 10, junction of woodlands ave 4, waiting at the traffic light. Subsequently a lorry bearing license plate no.: YN6137E had hit the right rear of the bus. I then got down at the nearest bus stop to make a check. A passenger on board then informed me he managed to take a photo of the lorry that might have hit my bus and left without stopping. The lorry was last seen making a left turn into north coast ave.



**SINGAPORE
POLICE FORCE**



T/20230509/2113

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20230509/2113

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

L /
SGT 2 MUSHAHID BIN
MOHAMED HASAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
09/05/2023 23:33

Officer In Charge Of Case:
TP / HRT /
SR STAFF SGT RASHIDAH BINTE AZMAN
Contact No.: 65476902

Classification Of Case:

NP168