

## 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 .....	17/03/2023 07:45 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	14/03/2023 06:50 (SGT)
Exact Location of Accident .....	Yishun Ave 2, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMB3124S
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SBS TRANSIT LTD
Company Reg No .....	199206653MPTE01
Email Address .....	thammk@sbstransit.com.sg
Mobile Phone No .....	(Phone) +65-63754198
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Man
Model .....	MAN A22 EU5, SD, AC, 2 Axle
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 .....	10518

#### INSURANCE COMPANY

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

#### DRIVER

Name of Driver .....	Yeoh Jing Xian
Passport No/FIN .....	G2839920R
Date Of Birth .....	08/08/1997
Occupation .....	Outdoor

Date Of Driving Pass .....	23/12/2022
Driving experience .....	3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84059757
Alt. Phone Number .....	-
Email Address .....	thammk@sbstransit.com.sg
Address .....	No 340 Taman Tuan Sheikh Batu 1 Jalan Seremban Negeri Sembilan 71000
Address complement .....	-
Postcode .....	-
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) .....	7
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 .....	-

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 2

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 3

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 4

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 5

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 6

Name .....	UNKNOWN
Gender .....	Female

#### 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 travelling along Yishun Avenue 2 road that converged from 2 lane into 1 lane after bus stop 59069. On my right side, there was a TTS bus (SG6080S, svc 857) that horned my bus. I stopped my bus immediately. The left body of the latter side swipe the right mirror of my bus. We stopped to exchanged particulars and parted. No injury. 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 .....	SG6080S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	NO DAMAGED, POI LEFT BODY
No. Of Passenger (Including Driver) .....	-