

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	31/05/2023 09:30 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/05/2023 08:34 (SGT)
Exact Location of Accident	38 Stevens Rd, Singapore 257845
Additional Location Information	Stevens Rd junction with Balmoral Rd (bef BS: 40199 - Aft Balmoral Rd)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG5167H
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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	Volvo
Model	B9tl
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	9364

INSURANCE COMPANY

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

DRIVER

Name of Driver	LAM CHOONG KIAN
NRIC No	SXXXX606G
Date Of Birth	12/12/1955

Occupation	Outdoor
Date Of Driving Pass	07/12/1979
Driving experience	43 YEARS AND 5 MONTHS
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. SG5167H AT THE STATED DATE AND TIME. I WAS TRAVELLING STRAIGHT ON THE LEFTMOST LANE ALONG STEVENS ROAD. MY BUS WAS SLOW MOVING AT THAT TIME, PICKING UP SPEED AT THE JUNCTION AFTER GIVING WAY TO VEHICLES TURNING INTO BALMORAL ROAD. THERE WAS A MERGING LANE AHEAD AND I SAW A LORRY ON MY RIGHT CATCHING UP WITH MY BUS. WHEN BOTH VEHICLES WERE ALMOST REACHING THE MERGING LANE, THE LORRY SUDDENLY SPED OFF AND ENCROACHED INTO MY LANE. THE LORRY'S LEFT VIEW MIRROR COLLIDED INTO MY BUS RIGHT VIEW MIRROR. MY BUS RIGHT VIEW MIRROR BROKE AND I WAS UNABLE TO TO CONTINUE DRIVING. BOTH VEHICLES STOP TO EXCHANGE PARTICULARS AND I REPORTED THE MATTER TO BOCC. NO INJURIES WERE REPORTED.

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	XE7668S
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIM BOON LAI (LIN WENLAI)
NRIC No	SXXXX786H
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Income Insurance Limited
Nature Of Damage	-
Details of property damaged in accident	-
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' 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

CLAM

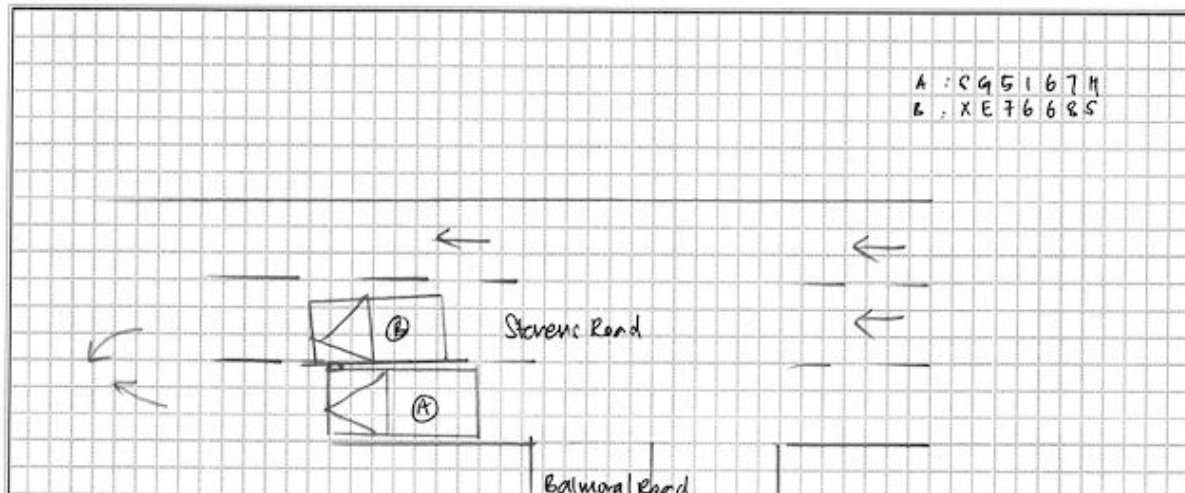
Driver's Signature (if driver is not the policyholder) / Date & Time

31-05-2023



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

Sketch Plan



Describe Circumstance of the Accident

TP
 LIM BOON LAI (LIN WEN LAI)
 S73277864

Declaration

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



Policyholder's Signature / Date & Time

CLM

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

31-05-2023



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



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SS3D235V0002 Vehicle Registration No: SG5167H
Name(as shown in NRIC) : SMRT BUSES LTD NRIC/FIN/Passport No : 199403524H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 60 WOODLANDS INDUSTRIAL PARK E4 Singapore(757705)
Contact (Tel) : 68662672 Mobile No. : _____
Email Address : Auto-Svcs-BARC@smrt.com.sg
Date of Accident : 30/05/2023 Time of Accident : 08:34
Place of Accident : Stevens Rd junction with Balmoral Rd (bef BS: 40199 - Aft Balmoral Rd)
Insurance Company: MS First Capital Insurance Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND THIRD PARTY VEHICLE NO.



Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: