

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 | 04/07/2023 14:43 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 29/06/2023 23:11 (SGT) |
| Exact Location of Accident | West Coast Rd, Singapore |
| Additional Location Information | WEST COAST RD OPP BLK 701 - BS 17069 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SBS6340E |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|---------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | TOWER TRANSIT SINGAPORE PTE LTD |
| Company Reg No | 2XXXXX417K |
| Email Address | feedback@towertransit.sg |
| Mobile Phone No | (Phone) +65-18002480950 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mercedes |
| Model | Citaro |
| Variant | SINGGLE 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-23100887MFBP |

DRIVER

| | |
|----------------------|---------------|
| Name of Driver | KHEE JONG GIO |
| NRIC No | SXXXX504I |
| Date Of Birth | 15/07/1978 |
| Occupation | Outdoor |

| | |
|--|--------------------------|
| Date Of Driving Pass | 16/04/2016 |
| Driving experience | 7 YEARS AND 2 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 | Collision - Head to Rear |
| 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? | Yes |
| Was any injured conveyed to hospital by ambulance? | Yes |
| 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 | Bukit Panjang Neighbourhood Police Centre |
| Police Station Address | No.1 Segar Road #01-05 Singapore 677738 |
| 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 | GBD3061J |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Goods vehicle |

| | |
|---|---|
| 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) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|----------|
| Name of injured person | - |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | GBD3061J |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | Yes |

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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

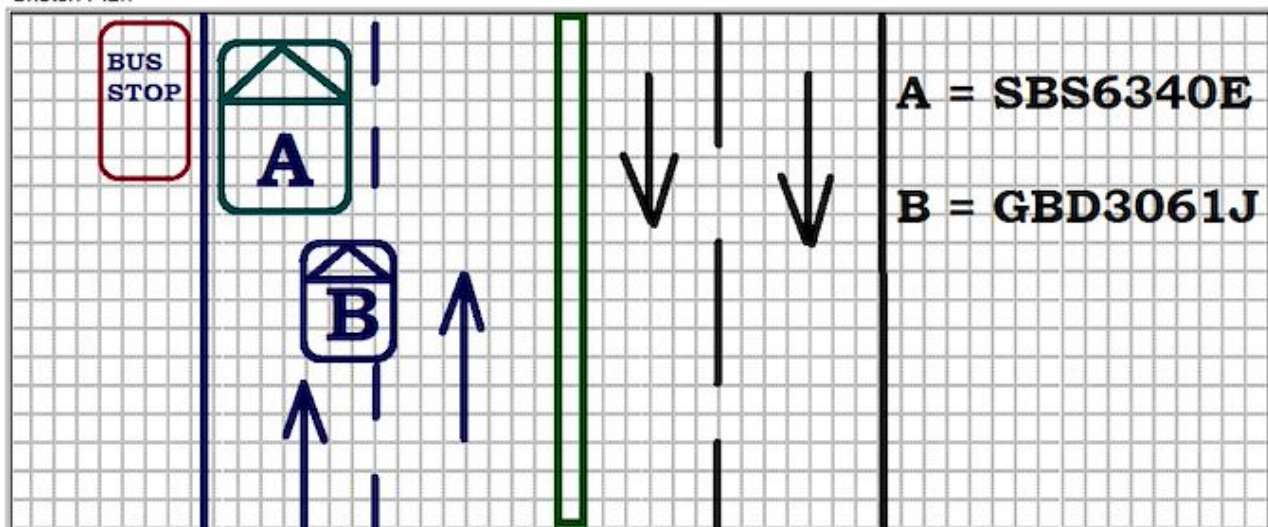


Driver's Signature (if driver is not the policyholder) / Date & Time



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

Sketch Plan



Describe Circumstance of the Accident

SBS6340E STATIONARY AT BUS STOP AS PASSENGERS WAS ALIGHTING & BOARDING BUS.

SUDDENLY GBD3061J CAME FROM THE BACK & REAR ENDED SBS6340E REAR.

GBD3061J WAS INJURED & CONVEYED TO HOSPITAL BY AMBULANCE.

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)


















**SINGAPORE
POLICE FORCE**


T/20230630/2038

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3

Report No. T/20230630/2038

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 30/06/2023 14:05 | Vide Report No.: D/20230629/0122 | Station Diary No.: 62 |
|--|-------------------------------------|--------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|---|--|--|
| Name of Informant: KHEE JONG GIO | | | Address: APT BLK 616 SENJA ROAD #11-66 SINGAPORE 670616 | | |
| ID Type / ID No.: NRIC NO / S7860504I | | | Contact No.: Home/Office: Mobile: 91082116 | | |
| Nationality: MALAYSIAN | | | Email: gio_787@hotmail.com | | |
| Sex: Male | Age: 44 | Date of Birth: 15/07/1978 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | |
| Occupation: Bus driver | | | Driving Licence Information: Class: 2B,3,4 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------------------|-----------------------|---|---|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 29/06/2023 23:10 | Type of Location: BUS STOP |
| Location: WEST COAST ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-----------------------|------------------|-------|--------|----------------------|-----------------|
| GBD3061J | Van | TOYOTA | | Silver | Seriously Damaged | 0 |
| SBS6340E | Bus/Coach/Mi nibus | MERCEDES BENZ | | Green | Seriously Damaged | 20 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20230630/2038



2 of 3

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20230630/2038

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|------------------------------|--|--------------------------------------|
| Driver | | | |
| Name | KANNAN | ID No. | 87694807 |
| Related Vehicle | GBD3061J (Van) | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | KHEE JONG GIO | ID No. | S7860504I |
| Related Vehicle | SBS6340E (Bus/Coach/Minibus) | Contact No. | 91082116 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,3,4 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 29/06/2023 at about 2310hrs, I was driving Bus service number 285 (SBS6340E-Green Mercedes) and was at Bus stop Opposite Blk 701 along West Coast Road to alight and pick up passengers. When I was about to move off from the bus stop, I felt that the bus jerked in front and later realized that a van (GBD3061J- Silver Toyota) had colided onto the bus rear right portion when the passengers started shouting in the bus. No passengers were injured at the point of time. I believed that the bus camera were recording and managed to capture the accident. Traffic police and ambulance came down to scene. The van driver was conveyed to hospital. I have taken photos of the accident and was advised to lodge a traffic accident reference D/20230629/0122 under TP SIO Daniel Yan, Tel:65476252.

**SINGAPORE
POLICE FORCE**

T/20230630/2038

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3

Report No: T/20230630/2038

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
J /
SR STAFF SGT MUHAMMAD
FIRDAUS BIN SAHROL

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
STAFF SGT YAN MINGSHENG DANIEL
Contact No.: 65476252

NP168

Signature Of Informant:

Date/Time:
30/06/2023 14:05

Classification Of Case: