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 witholding 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.

- 4. The issue and acceptance 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 First Submission 24/06/2024 10:56 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 21/06/2024 15:33 (SGT) Exact Location of Accident Opp Blk 635a, Singapore Additional Location Information Aft BS:43991 (Opp BLK 635A) junction of woodlands Rd and KJE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMB5890A

Manufacturer

INSURED/POLICYHOLDER

Is company? 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

Model Ng363f 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 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd Policy Number / Cover Note Number D-24102273MFBP

DRIVER

Name of Driver YANG SHUANG NRIC No GXXXX788U Date Of Birth 15/06/1987 Occupation Outdoor Driving Pass Date 07/12/2015 Driving License Pass Class Driving License Validity Driving experience 8 YEARS AND 6 MONTHS Gender 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 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) 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?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Traffic Police

(Phone) +65-65470000

(Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

Was notice of intended Prosecution given?

No

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I was travelling straight one the left most lane along Woodlands Rd after bus stop no. 43991 (Opp BLK 635A) towards the junction with KJE Exit. A pte car (SKZ2740S) suddenly encroached into my lane and collided into the right front portion of my bus. A few of my pax had fallen due to the impact of the collision. I stopped the bus and informed BOCC where Ambulance, police and field team were activated. The ambulance arrived and after an initial assessment by the attending paramedic, 3 onboard pax, a Filipinos and two Chinese female pax that sustained injury was conveyed conscious to Woodlands Health Campus Hospital.

Injured pax:

- Filipinos age in her 30s > No visible injury is observed. Complaint of pain on her neck.
- Chinese female in her 40s > No visible injury is observed. Complaint of pain on right arm, right leg and right rib cage in pain
- Chinese female in her 40s > No visible injury is observed. Complaint of pain on right shoulder and right knee pain.

I suffered pain on my neck after being assaulted by a Chinese male pax that was onboard and had requested for medical attention. The ambulance arrived and after an initial assessment by the attending medic, I declined to be conveyed to the hospital. Police arrive and after an initial investigation by the attending police officer, all parties were released.

ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	No No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SKZ2740S - -
Vehicle Calaur	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	YIP YEW HOONG
NRIC No	SXXXX989G
Contact Number	(Phone) +65-96309160
Address	- -
Address complement	-
Postcode	-
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_
· · · · · · · · · · · · · · · · · · ·	

INJURED PERSONS DETAILS

INJURED 1	
Name of injured person	UNKNOWN CHINESE
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	<u>-</u>
Approximate Age Years Old	40
Injuries Sustained	No visible injury is observed. Complaint of pain on right shoulder
	and right knee pain.
Injured person in which vehicle?	SMB5890A
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes
INJURED 2	
Name of injured person	UNKNOWN CHINESE
Gender	Female
Phone No	•

40

Address Complement

Approximate Age Years Old

Address

Post Code

Injuries Sustained No visible injury is observed. Complaint of pain on right arm, right leg and right rib cage in pain Injured person in which vehicle? SMB5890A Were seat belts worn? No Was this injured conveyed to hospital by ambulance? Yes INJURED 3 Name of injured person **UNKNOWN FILIPINO** Gender Female Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained No visible injury is observed. Complaint of pain on her neck. Injured person in which vehicle? SMB5890A Were seat belts worn? No Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

Bus106/24/5028

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

22392 - SMB5890A-451745

- 2. This Form must be completed by the Policyholder and/or the Actual Driver.
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5. Any false reporting may be referred to the Traffic Police Department for investigation.

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- 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

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

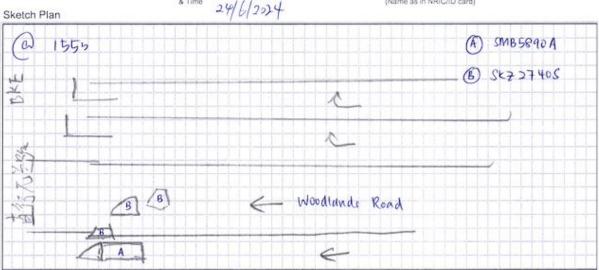
Yours Sh4993

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

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)

Sketch Plan



escribe Circumstance of the Accident					
TP: Yip Yew Hoong /S74349896					
96309160					
Report No. L >024 0621 0080					

Declaration

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



Policyholder's Signature / Date & Time

7975 5 1493
Driver's Signature (if driver is not the policyholder) / Date & Time 24 6 30024



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

2





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20240621/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/06/2024 18:29		fade:	Vide Report No.: Station Dia L/20240621/0080			
Informa	nt's Particu	ulars				
Yang Shuang APT E			Address: APT BLK 620 BUKIT PANJA SINGAPORE 670620	NG RING ROAD #10-820		
ID Type / ID No.: FIN NO / G6764788U			Contact No.: Home/Office:	Mobile: 88271196		
National CHINES			Email: 2840428895@qq.com			
Sex: Age: Date of Birth: Male 37 16/06/1987			Type of Informant: Driver			
Race: Chinese			Language: Mandarin			
Occupation: SMRT BUS DRIVER		R	Driving Licence Information: Class: 3,4A	Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Date/Time of Accident: No 21/06/2024 15		Type of Location: Straight Road	
Woodland:	S ROAD	Road Surface:			
Traffic Flow:		Dry Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collis		- Same Direction		Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of Passenger
SKZ2740S	Motor car				Slightly Damaged	0
SMB5890A	Bus/Coach/Mi nibus				Slightly Damaged	20

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T20240621/2070

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20240621/2070

CONTINUATION OF REPORT

Driver		STATE OF THE PARTY	Tobacco.	Mary Contract		
Name	Yip Yew Hoong			ID No.		S7434989G
Related Vehicle	SKZ2740S (Motor ca	ar)		Conta	ct No.	96309160
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis			harge	NIL	
No. of Days gran	s granted Medical Leave NIL Degree			f	NIL	
Driver				-		
Name	Yang Shuang			ID No		G6764788U
Related Vehicle	SMB5890A (Bus/Coach/Minibus)			Conta	ct No.	88271196
Hospital/Clinic	NIL			Class Drivin Licen Expin	g ce &	Class: 3,4A Date of Expiry: NIL
Date Treatment	NIL	Date Disc	-	NIL		
No. of Days granted Medical Leave NIL			Dogree o	Degree of NIL		

Brief Details

On 21 June 2024 at about 1530hrs, I was driving SMRT bus (SMB5890A) service number 979 from Bukit Panjang Bus Interchange heading towards Yew Tee direction. I was driving along Woodlands Road on the bus lane towards BKE.

While driving straight, another vehicle (SKZ2740S) drove passes my bus from the right side and immediately slide left towards my lane. However, as the distance was not enough, the vehicle side swiped the right side of my bus close to the front of the bus. I tried braking to avoid the collision. However, the other vehicle still collided into my bus.

After the collision, I stopped my bus at the roadside and made a check on the passengers on my bus. Ambulance was called and 3 of my passengers were conveyed to the hospital. I then alight the vehicle and exchanged particulars with the other driver. The driver namely Yip Yew Hoong, NRIC: S7434989G, HP: 96309160, apologized for his actions.

The collision caused a scratch at the right front bumper of my bus. The other vehicle suffered dents on the left side of the vehicle.

Traffic Police was also at scene and issued me with a case card reference incident number L/20240621/0080. I also informed my supervisor from SMRT and was advised to lodge a police report. No government properties damaged.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3

Report No. T/20240621/2070

CONTINUATION OF REPORT

Signature of Officer Recording The SCSGT(1) HUANG YAOTING

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / GIT / SR STAFF SGT MUHAMMAD GHAZALI BIN ABDUL RAZAK Contact No.: 65476367

NP168

Signature Of Informant:



Date/Time: 21/06/2024 18:29

Classification Of Case:

	2		
			20





Report No. J/20240621/2080

POLICE REPORT (NP299)

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

Date/Time Report Made 21/06/2024 19:38		Vide Report No. L/20240621/0080		Station Diary No.	
Name Of Informant Yang Shuang	APT BL	Address APT BLK 620 BUKIT PANJANG RING ROAD #10-820 SINGAPORE 670620			
ID Type / ID No. FIN NO / G6764788U	(5.77)	Contact No. Home/Office Mobile 88271196			
Nationality CHINESE		Email Address 2840428895@qq.com			
Occupation SMRT BUS DRIVER	Sex	Age 37	Date of Birth 16/06/1987	Race	
Institution/School Name	Langua	Language			
Date/Time Of Incident 21/06/2024 15:30	WOOD along V	Location Of Incident WOODLANDS ROAD SINGAPORE along Woodlands Road towards BKE opposite Blk 635A Senja Road			

On 21 June 2024 at about 1530hrs, I was driving SMRT bus (SMB5890A), service number 979 from Bukit Panjang Bus Interchange towards Yew Tee direction. I was driving along Woodlands Road on the bus lane towards BKE.

There was another vehicle (SKZ2740S) which overtook me on my right and filtered immediately into my

Signature Of Officer Recording The Report: J / SCSGT(1) HUANG YAOTING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/06/2024 19:38
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / INSP (2) TAN XIN YI Contact No.: 63167508	Classification Of Case:



J/20240621/2080

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20240621/2080

lane. I immediately pressed the brake to avoid the collision but to no avail. The other vehicle still sideswiped my bus. As I brake immediately, the momentum caused some of my passengers to fall forward. There was a Malay male subject, wearing white checkered shirt and long jeans, approached me and tried to grab my hand while I was still on the driver's seat. I was calling my SMRT supervisor at that point of time.

While grabbing my hand with one hand, the passenger tried to reach for my neck with his other hand. He managed to press my neck with his hands. This passenger also shouted at me, but I could not comprehend his words. This passenger then alighted the bus and approached the other vehicle which was involved in the incident.

Traffic Police attended to the scene, but the passenger left scene prior to their arrival. The Traffic Police gave a case card reference L/20240621/0080. I have already lodged a Traffic Accident Report with regards to this incident reference T/20240621/2070. After I updated my SMRT supervisor, I was advised to lodge another report with regards to the violent actions of this passenger.

Signature Of Officer Recording The Report: J / SCSGT(1) HUANG YAOTING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/06/2024 19:38
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / INSP (2) TAN XIN YI Contact No.: 63167508	Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / 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.

		ADD	DENDUM
1)	PARTICULARS OF PERSON MAKING THEAMENDMENTS:		
	Original Report No	: SS4B246O0002	Vehicle Registration No: SMB5890A
	Name(as shown in NRIC)	: SMRT BUSES LTD	NRIC/FIN/PassportNo : 198202292D
	(*Vehicle Driver/Ve	ehicle Owner) (*) Please dele	te as appropriate
	Address	: 60 WOODLANDS INDU	STRIAL PARK E4Singapore(757705)
	Contact (Tel)	: 68662672	Mobile No. :
	Email Address	: Auto-Svcs-BARC@smrt	.com.sg
	Date of Accident	:_21/06/2024	Time of Accident : 15:33 (SGT)
	Place of Accident	: Aft BS:43991 (Opp BLK 6	35A) junction of woodlands Rd and KJE Exit
	Insurance Company	: MS First Capital Insura	ince Ltd
	UPLOAD POLICE		

GIARMC addendumform_V3