

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 First Submission	03/11/2024 22:11 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/10/2024 10:00 (SGT)
Exact Location of Accident	Lee Wee Nam Lib, Singapore
Additional Location Information	BS: BS: 27211 (Lee Wee Nam Lib)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS3200X
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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
Vehicle Fuel	Diesel
First Registration Date	-
Chassis no	YV3S4P920CA157294
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	K M A Kader Husain S/O Mohd Ab
NRIC No	SXXXX825D
Date Of Birth	11/08/1975
Occupation	Outdoor
Driving Pass Date	11/08/1975
Driving License Pass Class	4A
Driving License Validity	Valid
Driving experience	49 YEARS AND 2 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?	Yes
Police Station Name	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Report No. T/20241022/2052
On 22.10.2024 at about 1000hrs, I drove a SMRT bus service no.179 with a registration number of SBS3200X along Nanyang Drive. There was a private bus no. PD1064Z stopped at the bus-stop to alight its passengers. As the road was too narrow, I could not overtake the private bus from its right side, and I thus stopped my SMRT bus halfway at the right side of the said private bus. I then waited for the said private bus to move off. Shortly after, the said private bus moved off but instead of moving straight, the said private bus thus moved to the right side and hit the left side of my SMRT bus at the front without realizing that my SMRT bus was already on stationary closely next to the said private bus waiting it to move off. The collision causing two passengers from the said private bus injured and then conveyed to hospital thereafter. Traffic Police came and gave me an incident no. J/20241022/0039.

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 PD1064Z
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Bus
Name of Driver UNKNOWN
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name India International Insurance Pte Ltd
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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

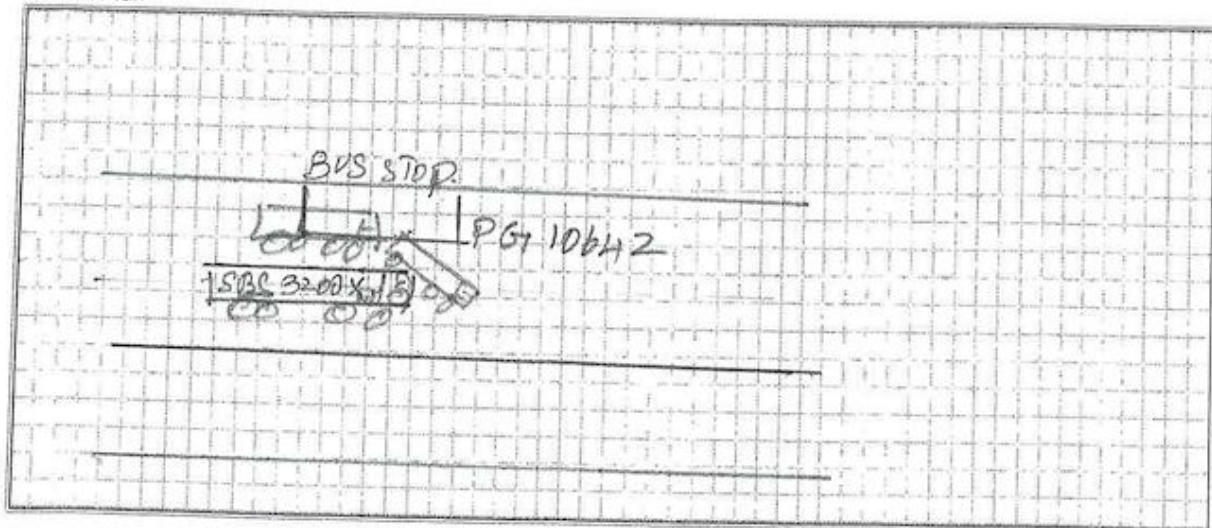
Kellasewin

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



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

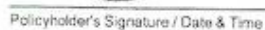
Sketch Plan



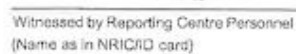
Kellasewin

[illegible]

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



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





**SINGAPORE
POLICE FORCE**



T/20241022/2052

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20241022/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/10/2024 15:08	Vide Report No.: J/20241022/0039	Station Diary No.: 99
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Informant's Particulars

Name of Informant: K M A KADER HUSAIN S/O MOHD ABUBACKER			Address: 474 CHOA CHU KANG AVENUE 3 #11-197 SINGAPORE 680474		
ID Type / ID No.: NRIC NO / S7570825D			Contact No.: Home/Office: Mobile: 91072254		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 11/08/1975	Type of Informant: Driver		
Race: Indian			Language: English		
Occupation: Bus driver			Driving Licence Information: Class: 3,4A,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/10/2024 10:00	Type of Location: Straight Road
Location: NANYANG DRIVE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
PD1064Z	Bus/Coach/Mi nibus				Slightly Damaged	0
SBS3200X	Bus/Coach/Mi nibus	VOLVO		White	Slightly Damaged	30

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20241022/2052

CONTINUATION OF REPORT

Driver			
Name	K M A KADER HUSAIN S/O MOHD ABUBACKER	ID No.	S7570825D
Related Vehicle	SBS3200X (Bus/Coach/Minibus)	Contact No.	91072254
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3,4A,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 22.10.2024 at about 1000hrs, I drove a SMRT bus service no.179 with a registration number of SBS3200X along Nanyang Drive. There was a private bus no. PD1064Z stopped at the bus-stop to alight its passengers. As the road was too narrow, I could not overtake the private bus from its right side, and I thus stopped my SMRT bus halfway at the right side of the said private bus. I then waited for the said private bus to move off. Shortly after, the said private bus moved off but instead of moving straight, the said private bus thus moved to the right side and hit the left side of my SMRT bus at the front without realizing that my SMRT bus was already on stationary closely next to the said private bus waiting it to move off. The collision causing two passengers from the said private bus injured and then conveyed to hospital thereafter. Traffic Police came and gave me an incident no. J/20241022/0039.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999



T/20241022/2052

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Report No, T/20241022/2052

CONTINUATION OF REPORT

Signature of Officer Recording The
J/
SR STAFF SGT ABDUL
RAHMAN BIN ABDUL MALIK

Signature Of Interpreter:
Not applicable

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

Signature Of Informant:

Date/Time:
22/10/2024 15:08

Classification Of Case:

NP168



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: S66550020G / 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 : SS4B24B30004 Vehicle Registration No: SBS3200X
Name(as shown in NRIC) : SMRT BUSES LTD NRIC/FIN/Passport No : 198202292D
(*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 : 22/10/2024 Time of Accident : 10:00
Place of Accident : BS: 27211 (Lee Wee Nam Lib)
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:

Amended Type of Accident: Side swipe



Policyholder / Driver's Signature
Date:



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