

## 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 .....	18/12/2024 11:19 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	17/12/2024 09:33 (SGT)
Exact Location of Accident .....	Changi Rd & Jln Eunoz, Singapore
Additional Location Information .....	CHANGI RD JUNCT WITH JLN EUNOS TWDS YISHUN INT
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SG6031J
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#### 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 .....	Man
Model .....	A95
Variant .....	DOUBLE DECKER
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 .....	10000
Vehicle Fuel .....	-
First Registration 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-24102356MFBP

#### DRIVER

Name of Driver .....	PUVANESWARAN A/L SELUARASSI
Work Permit No .....	GXXXX872K
Date Of Birth .....	26/08/1985
Occupation .....	Outdoor
Driving Pass Date .....	08/12/2014
Driving License Pass Class .....	4A
Driving License Validity .....	Valid
Driving experience .....	10 YEARS
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 .....	Hit and run / Vandalism / Damaged whilst parked
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 .....	Woodlands Division Headquarters
Police Station Phone No .....	(Phone) +65-18004660000
Police Station Address .....	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHED

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	No
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBJ6444L
Vehicle Manufacturer .....	-
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) .....	-



## Statement Form

Employee Name	Puvaneswaran	Employee ID	14281
Designation	Bus Captain	Date Taken	17/12/2024
Service No	854	Time Taken	1435hrs
Bus Registration No	SG6031J	Date of Incident	17/12/2024
Duty Number	854A06	Time of Incident	0933hrs
Nature of Incident	Side swiped by lorry		

## Details:

I, BC Puvaneswaran 14281, on the above-mentioned date and time was driving along Changi Rd towards Jln Eunus when the accident happened. I was at the junction on the 2<sup>nd</sup> lane waiting to turn right when a lorry came in from the 3<sup>rd</sup> lane in front of me to cut my queue. The back part of the lorry then hit my left-hand side mirror. The lorry then drove off after turning right at the junction. I then called BOCC and was instructed to stop at the next bus stop to wait for TP's arrival. After the TP left, I was instructed to proceed back to YITH and carry on revenue service.

There was approximately 8 pax on board and no injuries reported.

My bus is equipped with 360° camera and is functioning at that moment.

Damages: -

SG6031J – Left side mirror scratches

Lorry – unknown

**\*I confirmed that the above statement given by me is correct to the best of my knowledge.**

14281 Puvaneswaran

17/12/2024 1435hrs

Employee Name and ID

Signature

Date & Time

Statement Taken By:

14554 Fitri

Interchange Supervisor

Employee Name and ID

Signature

Designation

## SKETCH PLAN

## IMPORTANT NOTICE

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

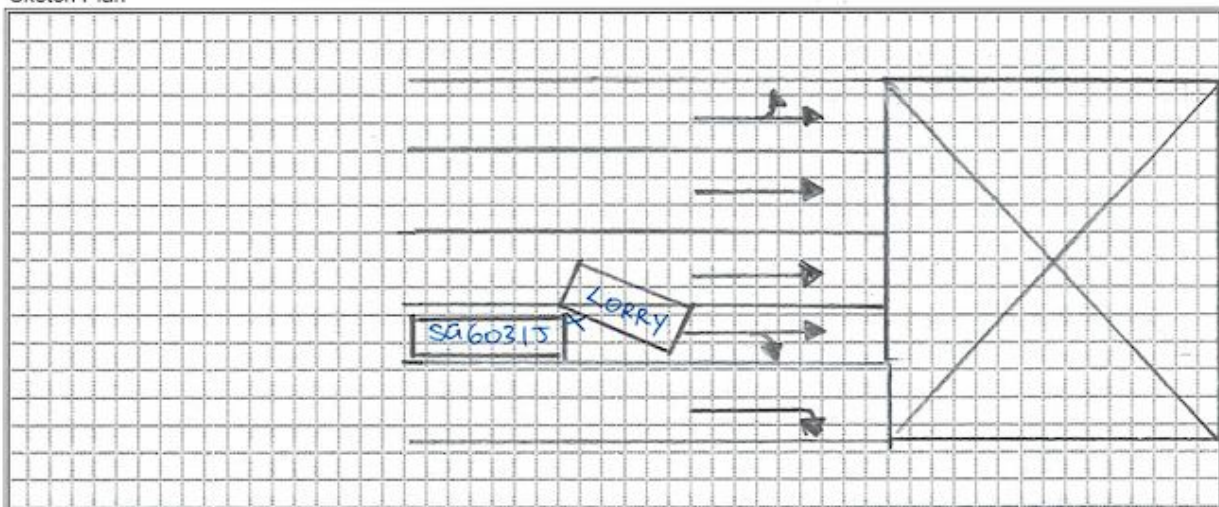
*[Signature]*

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



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

## Sketch Plan



[illegible]

### Declaration

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



Policyholder's Signature / Date & Time

*[Signature]*



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**



L/20241217/7050

1 of 2

**POLICE REPORT (NP299)**

Report No. L/20241217/7050

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Date/Time Report Made 17/12/2024 15:18	Vide Report No.	Station Diary No.
Name Of Informant PUVANESWARAN A/L SELUARASSI	Address 320 MANDAI ROAD TRAIN DEPOT SINGAPORE 779405	
ID Type / ID No. FIN NO / G7796872K	Contact No. Home/Office: Mobile: 94291636	
Nationality MALAYSIAN	Email Address puvanes3660@gmail.com	
Occupation Bus driver	Sex Male	Age 39
	Date of Birth 26/08/1985	Race Indian
Institution/School Name	Language English	
Date/Time Of Incident 17/12/2024 09:33	Location Of Incident changi rd	

**Brief details:**

im driving along changi rd towards jln eunos when the accident haapened. i was at the junction on the 2nd lane waiting to turn right when a lorry came in from 3rd lane in front of me cut my queue.the back part ofthe lorry then hit my left hand side mirror.the lorrythen drove off after turning right at the junction.then i call bocc and was instructed to stop at the next stop to wait for TP arrival.after the tp left,i was instructed to proceed back to YITH and carry on revenue service.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/12/2024 15:18
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	

This report is lodged at Yishun North NPC Kiosk 1



**SINGAPORE  
POLICE FORCE**



L/20241217/7050

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20241217/7050

Subjects Involved			
Victim			
Person Name	PUVANESWARAN A/L SELUARASSI		
ID Type	FIN NO	ID No	G7796872K
Sex	Male	Age	39
Nationality	MALAYSIAN	Race	Indian
Language	English	Occupation	Bus driver
Address	320 MANDAI ROAD TRAIN DEPOT SINGAPORE 779405		Mobile No
Email Address	puvanes3660@gmail.com	Is Informant A Victim?	Yes
Person Name	PUVANESWARAN A/L SELUARASSI (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/12/2024 15:18
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	

This report is lodged at Yishun North NPC Kiosk 1



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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: ST1K24CI0001 Vehicle Registration No: SG6031J  
TOWER TRANSIT SINGAPORE  
 Name (as shown in NRIC): PTE LTD NRIC/FIN/Passport No: 201419417K  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 21 BULIM DRIVE, BULIM BUS DEPOT Singapore (648170)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 17/12/2024 Time of Accident: 09:33 HRS  
 Place of Accident: \_\_\_\_\_  
 Insurance Company: MS FIRST CAPITAL

**(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 TO CLAIMING THIRD PARTY

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Policyholder / Driver's Signature  
Date:



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