

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	31/07/2024 16:27 (SGT)
Reported by	Actual Driver
Date of Accident	28/07/2024 20:45 (SGT)
Exact Location of Accident	Orchard Rd, Singapore
Additional Location Information	AFT BS 08137 ORCHARD RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS3407S
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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	Volvo
Model	B9tl
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

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24102356MFBP

DRIVER

Name of Driver	KARTIKGESU SHOLLUNAYAGAM
NRIC No	SXXXX170Z
Date Of Birth	28/11/1982
Occupation	Outdoor

Driving Pass Date	04/09/2009
Driving experience	14 YEARS AND 10 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?	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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
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?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD2652P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
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:	Karthikgesu Shollunayagam	Date Taken:	31 July 2024
Employee ID:	10673	Time Taken:	1515hrs
Date of Incident	28 July 2024	Duty Number:	P53
Service No. & Reg No.:	143 / SBS3407S	Time of Incident:	2045hrs

Nature of Incident: Road Traffic Accident

Details:

On the above-mentioned date and time, I was driving along Orchard Road, just after Orchard Plaza I filtered to the fifth lane as I wanted to turn into Penang Road. Suddenly a Taxi, SHD2652P which was at the fourth lane drove close by and kept honking at me. The driver winded down his windows and pointed the middle finger at me but I ignored him. After which, he swerved into my lane abruptly and jammed hard on his brakes. I was not able to stop my bus and I collided onto the taxi. I stopped my bus and checked on my passengers. No one reported any injury to me. My bus front bumper and windscreen were badly damaged. After exchanging particulars with the Police, I waited for my bus to be towed back to Bulim and ended duty.

Use of 360 degree camera: Yes (✓) / No ()

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

Karthikgesu Shollunayagam / 10673

31 July 2024 1515hrs

Name / Employee ID

Signature

Date & Time

Statement Taken Conducted By:

Dani / 12570

Interchange Supervisor

Name / Employee ID

Signature

Designation

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

[Signature]
31/7/24

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

Refer to statement form.

Declaration

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



Policyholder's Signature / Date & Time

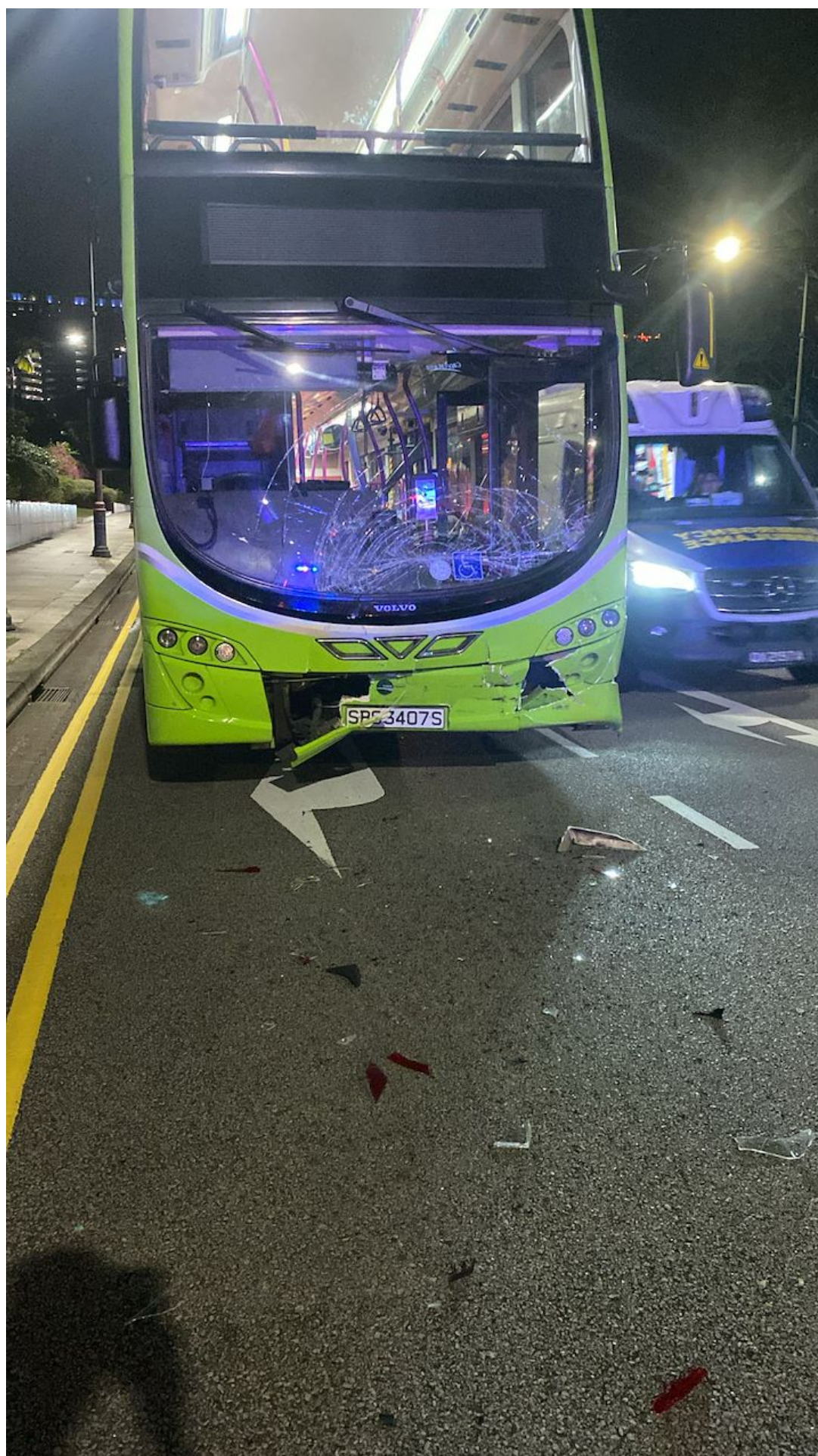
S-Lay

31/7/24

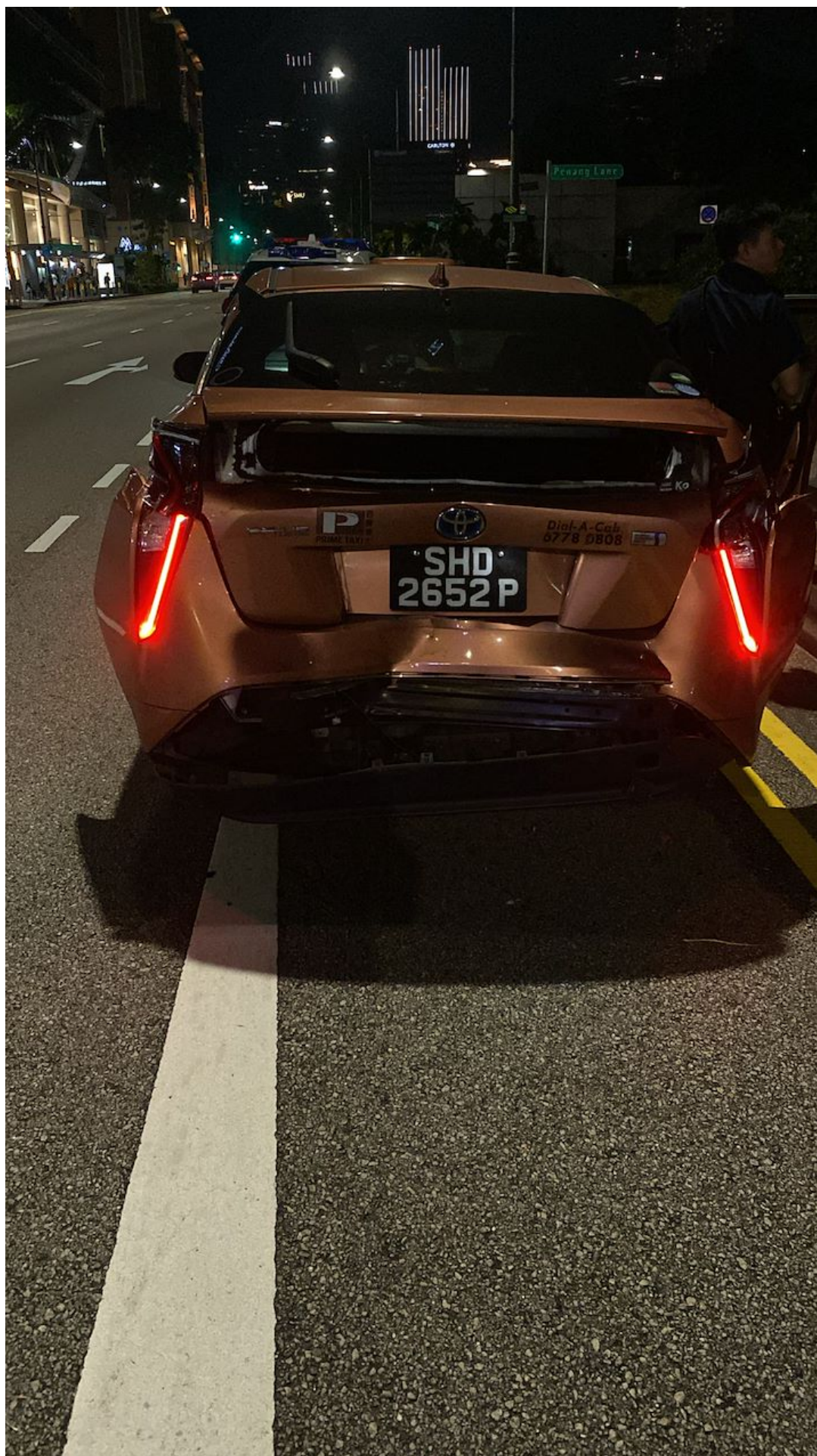
Driver's Signature (if driver is not the policyholder) / Date & Time



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



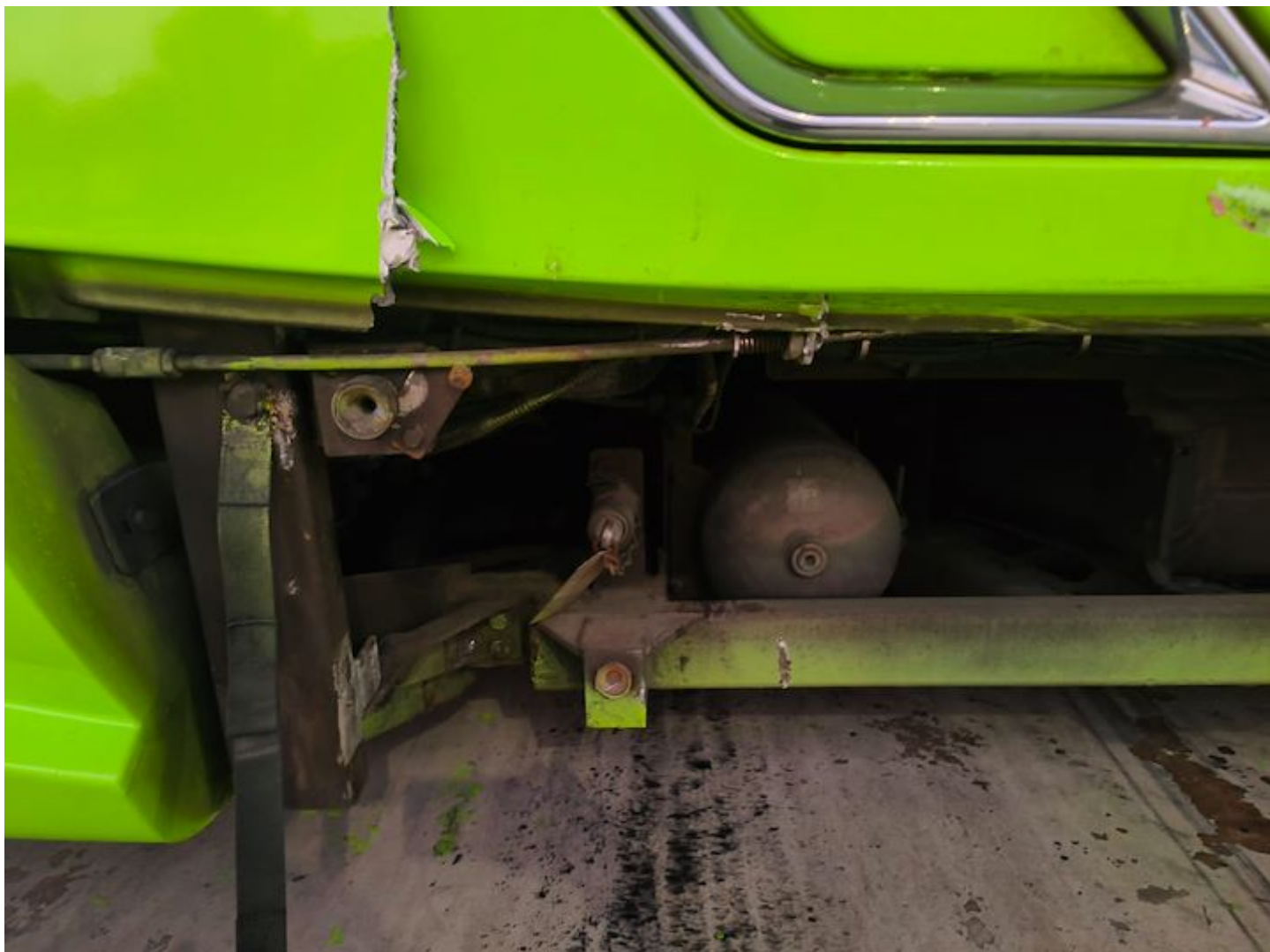
























**SINGAPORE
POLICE FORCE**



J/20240729/2006

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POLICE REPORT (NP299)

Report No. J/20240729/2006

Police Station Of Origin
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Date/Time Report Made 29/07/2024 01:55	Vide Report No.	Station Diary No. 16
Name Of Informant KARTHIKGESU SHOLLUNAYAGAM	Address 420 JURONG WEST STREET 42 #09-1019 SINGAPORE 640420	
ID Type / ID No. NRIC NO / S8286170Z	Contact No. Home/Office	Mobile 91944204
Nationality MALAYSIAN	Email Address karthikmunes82@gmail.com	
Occupation Bus driver	Sex Male	Age 41
Institution/School Name	Date of Birth 28/11/1982	Race Indian
Date/Time Of Incident 28/07/2024 20:45	Location Of Incident 0 ORCHARD ROAD ISTANA SINGAPORE 238823 Along Orchard Road, outside Istana	

Brief details.

On 28/07/2024 at about 2047hrs, I was driving my bus service number 143 (SBS 3407S) along Orchard Road. After I resumed from the bus stop at Orchard Plaza, I filtered to the fifth lane slowly as I wanted to turn into Penang Road. Suddenly, one taxi bearing registration plate no SHD 2652P which was on the fourth lane drove very closely to my bus and kept honking at me. The driver also winded down his window and pointed his middle finger at me. I ignored him. Thereafter, he suddenly filtered into my lane and engaged the emergency brake. As I was unable to stop on time, my bus collided onto the rear of the

Signature Of Officer Recording The Report: J / SGT 2 YEH YI SHI 	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/07/2024 01:55
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / SR STAFF SGT MUHAMMAD RAZI BIN MOHAMED SURIYDIH Contact No.: 67910000	Classification Of Case:

**SINGAPORE
POLICE FORCE**

J/20240729/2006

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20240729/2006

taxi. Both the taxi driver and I then alighted from our vehicles to make a check.

Police and ambulance subsequently arrived after, E/20240728/0142. I wish to state that at that point of time, there were about 15 passengers onboard my bus and nobody was injured. The taxi driver was not injured as well. No damages to any government properties. I have reported the incident to my company and was advised to lodge a police report. I would also like to state that two of my passengers who had witnessed the incident had informed the police about the dangerous driving of the taxi driver.

Signature Of Officer Recording The Report: J / SGT 2 YEH YI SHI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 29/07/2024 01:55
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / SR STAFF SGT MUHAMMAD RAZI BIN MOHAMED SURIYDIH Contact No.: 67910000	Classification Of Case: