

### 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 Authorised 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 ability.
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 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 Report	26/10/2017 08:35
Date Of Accident	24/10/2017 17:55
Exact Location Of Accident	FARRER RD BUS STOP ( BS: 11099)
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB1342S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	198202292D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64823888

#### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	BUS
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	BUS

#### Insurance Company

Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-17087563MFBP
Cover Note Number	

#### Driver

Name of Driver	MOHAMMAD AL RAHMAN BIN KAMARULIZAM
Passport No/FIN	G2724661W
Date Of Birth	30/12/1984
Occupation	OUTDOOR
Date Of Driving Pass	07/12/2015
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address  
 Postcode  
 Was driver an employee of the Insured's Company YES  
 If No, Relationship of the Driver with the Insured  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

**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 this accident? NO  
 Was any body injured in the Accident? NO  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 10

**Details of Police Action**

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name WOODLANDS WEST NPC  
 Police Station Address ROAD: 9 MARSILING LANE , POSTCODE: 739146 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: - FAX NO:  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

POLICE REPORT NO : T/20171025/2008

**Attachment(s)**

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT  
 Was there any video captured by Car Camera? NO  
 Was there any audio recorded? NO

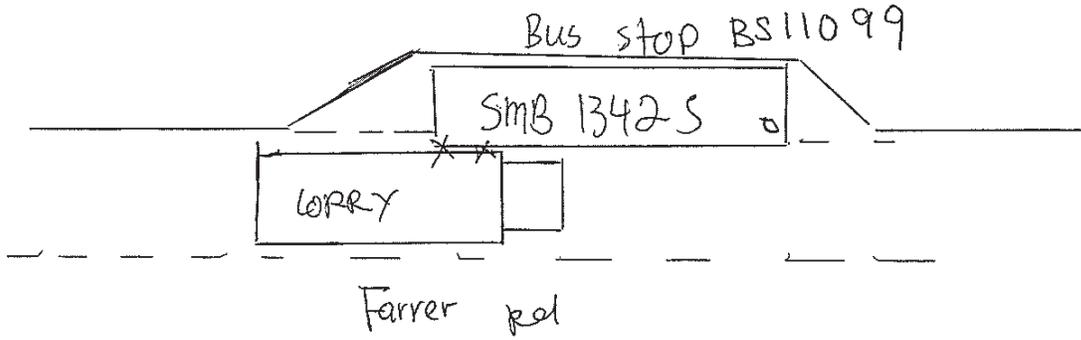
**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number YP7703D  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

**Details of Witness**

Name  
 Phone Number

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~pls refer to this report~~

police report : T/20171025/2008

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:

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





**SINGAPORE  
POLICE FORCE**



T/20171025/2008

Police Station Of Origin:  
Woodlands West N.P.C.  
9 Marsiling Lane SINGAPORE 739146  
Tel No: 1800-363 9999

2 of 3

Report No. T/20171025/2008

**CONTINUATION OF REPORT**

**Brief Details.**

On 24/10/2017 @ 1645 hrs, while alighting and boarding passengers along Farrer Road at bust stop 11099, I felt that the bus was shaking. When I checked through my right side mirror, I discovered that a lorry was driving very close to the bus. I noted down the vehicle number when it was driven past me. I continued my journey till Geylang Interchange. I then made a check and discovered that right hand side and rear signal was broken. That's all.



**SINGAPORE  
POLICE FORCE**



T/20171025/2008

Police Station Of Origin:  
Woodlands West N.P.C.  
9 Marsiling Lane SINGAPORE 739146  
Tel No: 1800-363 9999

3 of 3

Report No. T/20171025/2008

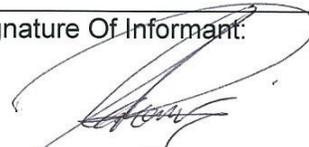
**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

SN 127
Signature Of Officer Recording The Report: J / Staff Sgt MOHAMED ISMAIL BIN MOHAMED MUBARAK
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368

Signature Of Informant: 
Date/Time: 25/10/2017 02:14
Classification Of Case:

Authentication Stamp  
NP168

**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 : MSR117141447 Vehicle Registration No: SMB1342S  
 Name (as shown in NRIC) SMRT Buses Ltd NRIC/FIN/Passport No : \_\_\_\_\_  
 (\*Vehicle Driver / Vehicle Owner / \*) Please delete as appropriate  
 Address 6 Ang Mo Kio Street 62 Singapore ( )  
Singapore 569140  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
 Email Address : \_\_\_\_\_  
 Date of Accident : 24/10/17 Time of Accident : 17:55  
 Place of Accident : Farrer Rd Bus Stop (BS:11099)  
 Insurance Company: 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:

\_\_\_\_\_

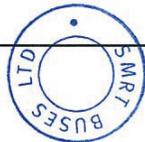
Third Party's vehicle should be YP 7703D

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Policyholder / Driver's Signature  
Date:

A.  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: 2/12/17