

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 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	15/05/2018 11:30
Date Of Accident	12/05/2018 06:30
Exact Location Of Accident	JUNCTION SENOKO RD & ADMIRALTY RD WEST (TWDS WTBI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	TIB1169Z
Insured/Policyholder	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	198202292D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	0405G-12.0 D (A)

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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-18090224MFBP
Cover Note Number	

Driver

Name of Driver	CHE WANLIANG
NRIC No	G2289591K
Date Of Birth	22/02/1978
Occupation	OUTDOOR
Date Of Driving Pass	19/08/2013
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address NOADDRESS

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 SIDE SWIPE

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance? YES

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) 50

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name WOODLANDS EAST N.P.C

Police Station Address ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

On 12/05/2018 at about 0600hrs, I was travelling on Senoko Road towards the traffic junction of Senoko Road and Admiralty Road West. My vehicle plate number is TIB1169Z. I wanted to make a right turn from Senoko Road to Admiralty Road West. When the traffic light turned green, I checked for safety and accelerated my bus forward. Halfway turning, I saw a lorry (vehicle plate number: YN3424X) driving from Admiralty Road West towards me. I stepped on my brake but could not stop in time and the rear of the lorry collided into the middle portion of my bus. I informed my company about this matter immediately and my company called for the police. No one was injured on my bus. However, one of the passenger on the lorry was injured. His back was injured during the collision. Police and ambulance came down to scene shortly after. The passenger was conveyed to hospital afterwards. I was told by the police to go to a police station to lodge a traffic accident report.

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? YES

Remarks/ Reasons: PENDING DOWNLOAD

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YN3424X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver MUTHAIAH GANESAN

NRIC/Passport Number 2299062X

Contact Number	91453298
Address	
Postcode	
Insurance Company Name	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Nature Of Damage	LEFT FRONT DENTED
No. Of Passenger (Including Driver)	3
Passenger 1	NAME: : HOSSAIN MOHAMMAD LOKMAN GENDER: : MALE
Passenger 2	NAME: : PARAMANIK SABUZ GENDER: : MALE

DETAILS OF INJURED PERSON 1

Name	PARAMANIK SABUZ
Approximate Age	30
Injuries Sustain	BACK PAIN
Injured person in which vehicle?	YN3424X
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

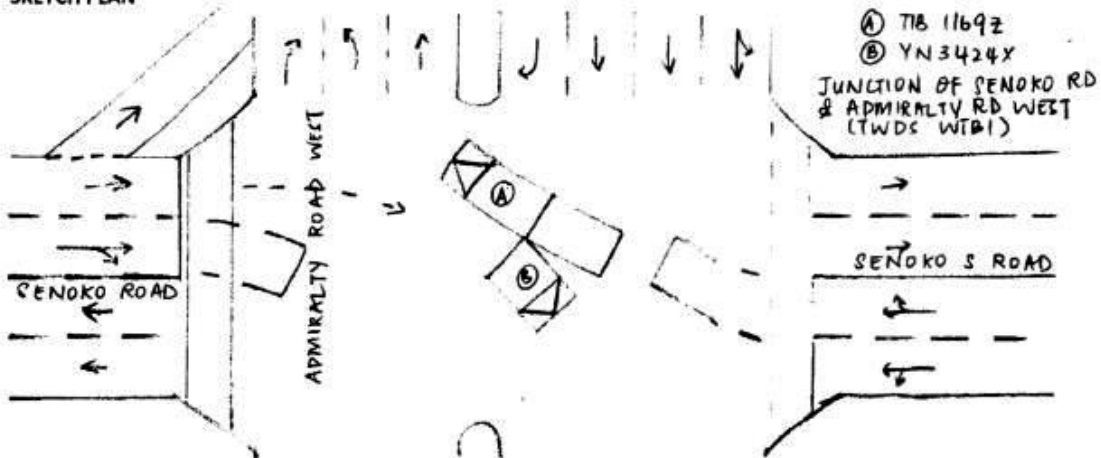
[Handwritten Signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: **BALQISH**
NRIC/FIN No.: **S8340325Z**

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO REPORT

DECLARATION

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

Policyholder's Signat
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: **BALQISH**
NRIC/FIN No.: **S8340325Z**





**SINGAPORE
POLICE FORCE**



T/20180512/2034

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No. T/20180512/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/05/2018 09:31			Vide Report No.:		Station Diary No.: 69
Name of Informant: CHE WANLIANG			Address:		
ID Type / ID No.: FIN NO / G2289591K			Contact No.: Home/Office: Mobile: 87186330		
Nationality: CHINESE			Email:		
Sex: Male	Age: 40	Date of Birth: 22/02/1978	Type of Informant: Driver		
Race: Chinese			Language: Cantonese		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class:		Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/05/2018 06:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 SENOKO ROAD ADMIRALTY ROAD WEST				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

TIB1169Z	Bus/Coach/Mi nibus				Slightly Damaged	40
YN3424X	Lorry				Slightly Damaged	10

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



**SINGAPORE
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T/20180512/2034

2 of 3

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Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20180512/2034

CONTINUATION OF REPORT

Name	CHE WANLIANG	ID No.	G2289591K
Related Vehicle	TIB1169Z (Bus/Coach/Minibus)	Contact No.	87186330
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Name	MUTHAIAH GANESAN	ID No.	G2299062X
Related Vehicle	YN3424X (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

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I informed my company about this matter immediately and my company called for the police. No one was injured on my bus. However, one of the passenger on the lorry was injured. His back was injured during the collision. Police and ambulance came down to scene shortly after. The passenger was conveyed to hospital afterwards. I was told by the police to go to a police station to lodge a traffic accident report.



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T/20180512/2034

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3 of 3

Report No. T/20180512/2034

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.

<p>Signature Of Officer Recording The Report</p> <p>J / CHEN JIAN YU</p> <p>Signature Of Interpreter:</p> <p>Not applicable</p>	<p>Signature Of Informant:</p> <p><i>[Handwritten Signature]</i></p> <p>Date/Time:</p> <p>12/05/2018 09:31</p>
<p>Officer In Charge Of Case:</p> <p>TP / GIT /</p> <p>Sgt 3 RASHIDAH BINTE AZMAN</p> <p>Contact No.: 65476216</p>	<p>Classification Of Case:</p>

Authentication Stamp
NP168