

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	23/08/2017 13:34
Date Of Accident	08/08/2017 06:25
Exact Location Of Accident	YISHUN AVE 7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG1031S
Insured/Policyholder	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	198202292D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000

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	DII027592MFBP
Cover Note Number	

Driver

Name of Driver	VICKNESWARAN NADARAJAH
Passport No/FIN	F4508886M
Date Of Birth	30/10/1975
Occupation	OUTDOOR
Date Of Driving Pass	27/03/2015
Driving Experience	2 YEARS AND 4 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 COLLISION - HEAD TO REAR
 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) 20

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

While I was travelling along Yishun Ave 7 before the bus stop near Blk118 the left rear portion of my bus was hit by a private car SFU7331 that came out from the HDB junction. No injury reported

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 SFU1773P
 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
 Email Address

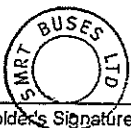
Sketch Plan Pg. 1

Describe Circumstances of the Accident

Diagram illustrating the circumstances of the accident, showing a vehicle path indicated by a diagonal line across the sketch area. The text "REFER TO REPORT" is written in the center of the sketch area.

Declaration

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

[Signature]


Witnessed by Reporting Centre Personnel

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8. Consent under the Personal Data Protection Act (PDPA)

(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.

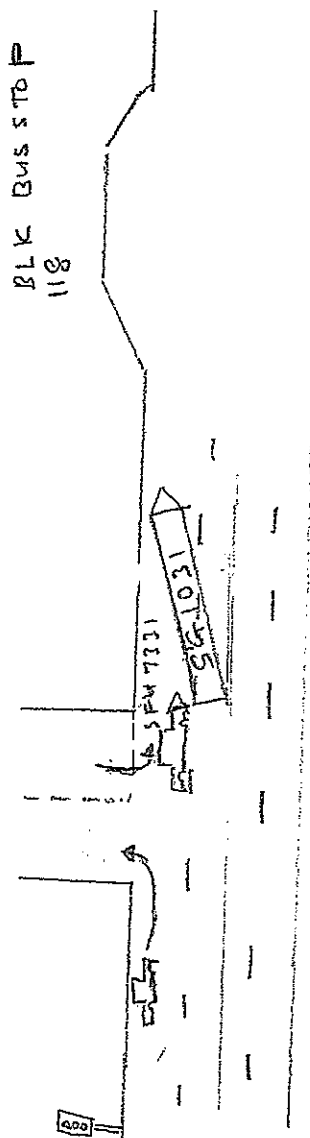
Witnessed by Reporting Centre Personnel	
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Sketch Plan



BC=21108
SERVICE = 800
BUS NO = SG1031U

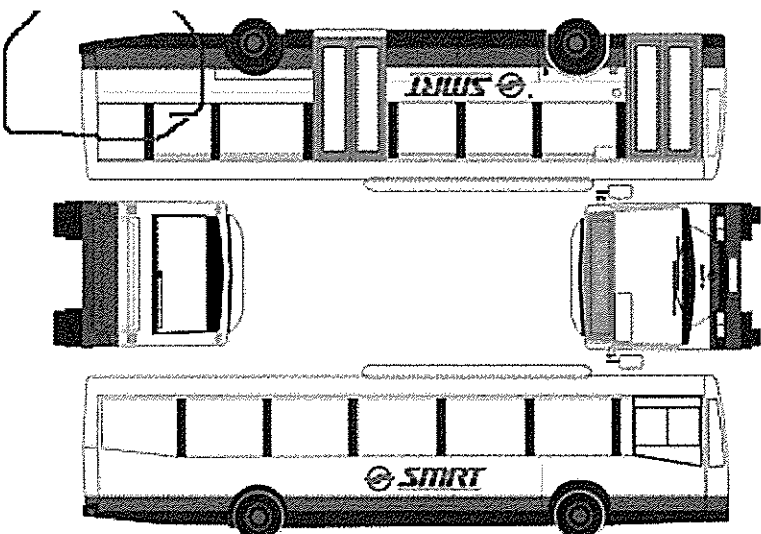
Sketch Plan Pg. 3



SMRT Accident Vehicle Repair Estimates

Section A - To be completed by claims Advisor/Duty officer at Accident Reporting Centre

Reg. No : SG1031S
Ref. No : BUS/08/17/1020
Reg. Date : 01/01/1900
Vehicle Type : BUS -12M
Make : MB CITARO MERCEDES
Model : MB CITARO O530
Name of Driver : Vickneshwaran Nadarajah
Type of Accident : HEAD TO REAR
Date / Time of Accident : 08/08/2017 06:25:00 AM
Accident Reported Date / Time : 22/08/2017 12:00:00 AM
Surveyor is Required? : Yes
Survey by : AXA
Vehicle is Towed Back? : No
Towed Back Date/Time :
Replacement Vehicle issued? : No
Accident Repair Job Card No :
Special Instruction to ARC, if any :
SG1031S-LEFT REAR BODY DENTED
SFU1773P (TP) FRONT RIGHT BUMPER DENTED
Prepared Date : 23/08/2017 01:52:11 PM



Chassis No : Mileage : 0
Work Shop : Repair Completed Date / Time :

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 530.00	0.00
Total Spray Painting Charges	: 262.00	0.00
Total Material Charges	: 0.00	0.00
Other Charges	: 0.00	0.00
TOTAL	: 792.00	0.00
Lum Sum Total	: 0.00	0.00
No. of Repair Days	: 1.00	0.00
Prepared / Adjusted By	:	
Arc / Surveyor Sing Off Date	: 07/06/2018 10:06:57 AM	01/01/1900 12:00:00 AM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 07/06/2018 10:06:57 AM

Section C - To be Completed by Admin Assistant, Accident Repair Centre, Upon Completion of Repair

Quotation No : Invoice No :
Quotation Date : Invoice Date :
Invoice Amount : Prepared Date :

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR LH REAR PORTION	530.00	0.00
Total Labour	530.00	0.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS	262.00	0.00
Total Spray Painting & Panel Beating	262.00	0.00

Part 3 - Other Costs - Accident and Accident Repair Related Expenses

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Other Costs		

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommended	Surveyor Approved	Photos Attached
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TOTAL MATERIALS

TOTAL MATERIALS(Discounted)								0.00	0.00	
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Added Spare Parts / Material Usage After Surveyor Signed off

Part Number	Portion	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check	LT Check
TOTAL SUPPLEMENTARY MATERIALS									