

## 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	04/09/2018 18:39
Date Of Accident	04/09/2018 09:00
Exact Location Of Accident	OUTRAM RD TWDS SINGAPORE GENERAL HOSPITAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2944H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HEAVENLY TOURS PTE LTD
Co Reg No	201014923R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96369674
Alternative Phone No	OFFICE-96369674

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE COMMUTER GL 3.0 A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100236178
Cover Note Number	

### Driver

Name of Driver	SUGUMARAN S/O MANICKAM
NRIC No	S7418808G
Date Of Birth	11/06/1974
Occupation	OUTDOOR
Date Of Driving Pass	24/02/2009
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94300993
Fax Number	
Contact Number	OFFICE-94300993
Email Address	NOEMAIL

Address	BLK 513D YISHUN STREET 51 #03-329
Postcode	764513
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	DRIZZLING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	2

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 9 EUNOS CRESCENT #01-2687 , <b>POSTCODE:</b> 400009 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7479999 - <b>FAX NO:</b> 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180904/2096.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS6244A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	MOHD ASRI BIN ZAKARIA
NRIC/Passport Number	G6908861P
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	SUGUMARAN S/O MANICKAM
Approximate Age	
Injuries Sustain	NECK, CHEST, UPPER & LOWER BACK
Injured person in which vehicle?	PC2944H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	PARVATHY D/O MUTHUSAMY
Approximate Age	
Injuries Sustain	NECK, BACK & RIGHT KNEE
Injured person in which vehicle?	PC2944H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

### SKETCH PLAN

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 Police for investigation.**
6. The 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 lodgment 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)**

(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")

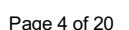
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.



## Accident Sketch Plan

### SKETCH PLAN

A: PC3944H

B: 5B56244A

Outlet Rd.

A

B

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/20180904/2096.

### DECLARATION

I/We declare the above 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.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180904/2096

1 of 4

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

Report No. T/20180904/2096

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/09/2018 16:19	Vide Report No.:	Station Diary No.: 32
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### Informant's Particulars

Name of Informant: SUGUMARAN S/O MANICKAM			Address: APT BLK 513D YISHUN STREET 51 #03-329 SINGAPORE 764513	
ID Type / ID No.: NRIC NO / S7418808G			Contact No.: Home/Office: Mobile: 94300993	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 44	Date of Birth: 11/06/1974	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 3,4 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/09/2018 09:00	Type of Location: Straight Road
Location: Along Road 1 OUTRAM ROAD				
ALONG OUTRAM ROAD TOWARDS SINGAPORE GENERAL HOSPITAL				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC2944H	Bus/Coach/Mi nibus				Slightly Damaged	1
SBS6244A	Bus/Coach/Mi nibus				Slightly Damaged	20

### Details of Person Involved

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

# Police Report



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T/20180904/2096

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400009  
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Report No. T/20180904/2096

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	PARVATHY D/O MUTHUSAMY	ID No.	S7101654D
Related Vehicle	PC2944H (Bus/Coach/Minibus)	Contact No.	91094818
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/09/2018	Date Discharge	04/09/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Driver</b>			
Name	SUGUMARAN S/O MANICKAM	ID No.	S7418808G
Related Vehicle	PC2944H (Bus/Coach/Minibus)	Contact No.	94300993
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	04/09/2018	Date Discharge	04/09/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	MOHD ASRI BIN ZAKARIA	ID No.	G6908861P
Related Vehicle	SBS6244A (Bus/Coach/Minibus)	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.

On the 04/09/2018 at about 08:50am, I was travelling along Outram Road heading towards Singapore General Hospital. I was on the second lane from the right and the traffic was slow moving at that point of time with a lot of vehicles heading towards CTE direction. As I was driving, suddenly there was an impact on my vehicle causing a 'whiplash' effect on myself and my passenger. I then stopped my vehicle and realized that my vehicle was hit on the rear by an 'SBS Transit' bus Number "SBS6244A".

The SBS Bus's left side mirror had hit onto the rear right side of the door of my mini-bus. As a result there was a dent and slight scratches on the tail lights on my vehicle while the SBS left side mirror was damaged. As far as I know, none of the SBS Transit passengers complaint of pain or ask for ambulance. I then exchanged particulars with the SBS Bus driver on duty and left for medical treatment at Singapore General Hospital. I was given 3 days of Inpatient MC whereas my passenger was given 4 days outpatient

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180904/2096

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Report No. T/20180904/2096

### CONTINUATION OF REPORT

MC.

I suffered pain on my neck area, chest area, upper & lower back. My passenger suffered pain on the neck area, whole back area and on her right knee. I am lodging this report for insurance claim purposes. That is all.



Police Report



SINGAPORE  
POLICE FORCE



T/20180904/2096

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9 Eunos Crescent #01-2687 SINGAPORE  
400009  
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Report No. T/20180904/2096

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.

Signature Of Officer Recording The Report:

G /

Sgt 2 MUHAMMAD KASYIDI BIN KADIR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/09/2018 16:19

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



**Accident Photo**



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

