

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 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 Report	10/10/2018 16:03
Date Of Accident	09/10/2018 09:50
Exact Location Of Accident	WOODLANDS CENTRE ROAD - BEFORE BS: 46519
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB268E
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	MAN
Model	MAN A22
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	SAGAHDEVAN A/L SUPPARAYAH
Work Permit No	F8487751N
Date Of Birth	26/01/1974
Occupation	OUTDOOR
Date Of Driving Pass	03/01/2017
Driving Experience	1 YEAR AND 9 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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
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)	20

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

REFER TO POLICE REPORT T/20181009/2119 ON 9TH OCTOBER 2018 AT ABOUT 0950HRS, I WAS DRIVING SMRT BUS SERVICE NO. 950 ALONG WOODLANDS CENTRE ROAD TOWARDS WOODLANDS CHECKPOINT. UPON REACHING MARSILING PRIMARY SCHOOL, SUDDENLY ONE SALOON CAR BEARING REGISTRATION NUMBER I SLP1947K WHICH WAS TRAVELLING ON THE SAME DIRECTION SIDE SWIPED AGAINST THE RIGHT FRONT PORTION OF MY BUS. THE SALOON CAR DRIVER DID NOT STOP HIS CAR AND WENT STRAIGHT TOWARDS WOODLANDS CHECKPOINT DIRECTION. I INFORMED MY COMPANY ABOUT THE MATTER AND WAS ADVISED TO LODGE POLICE 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	SLP1947K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

EQ INSURANCE COMPANY LTD

Nature Of Damage

No. Of Passenger (Including Driver)

IMPORTANT NOTICE**SKETCH PLAN**

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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)**

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:

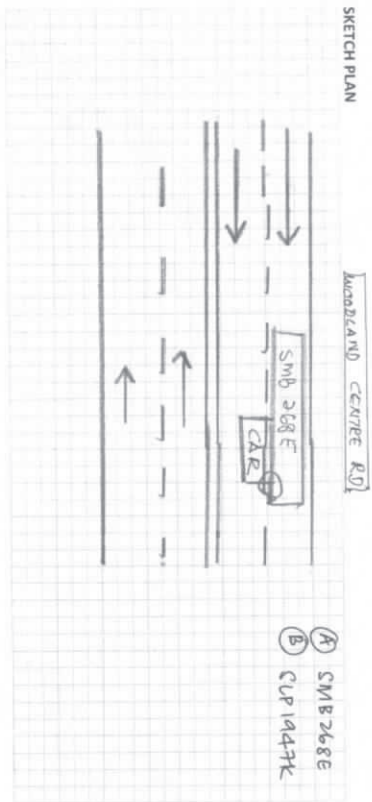
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 2

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:

[Signature]

Reporting Centre Personnel's Signature
Name: BALQISH
NIC/FIN No.: S834 0325Z





**SINGAPORE
POLICE FORCE**



TZ01810092119

Police Station Of Origin:

Woodlands West N.P.C.

9 Marsiling Lane SINGAPORE 739146

Tel No: 1800-363 9999

1 of 3
Report No: TZ01810092119

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/10/2018 15:49 Vide Report No.: Station Diary No.: 53

Informant's Particulars

Name of Informant: SAGAHDEVAN SUPPARAYAH Address: 6 ANG MO KIO STREET 62 #03-1047 SINGAPORE 569140
ID Type / ID No.: Contact No.:
FIN NO / F848751N Home/Office: Mobile: 82584021
Nationality: MALAYSIAN Email:
Sex: Age: Date of Birth: Type of Informant:
Male 44 26/01/1974 Driver
Race: Indian Language: Institution / School Name:
Occupation: Bus driver Driving Licence Information: Class: 2B, 3, 4A Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Hit and Run Drink Drive: No Date/Time of Accident: 09/10/2018 09:50 Type of Location: Straight Road

Location: WOODLANDS CENTRE ROAD

Weather: Raining Road Surface: Wet Road Speed Limit:
Traffic Flow: Two Way Traffic Control: Traffic Volume:

Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction
Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLP1947K	Car					0
SMB268E	Bus/Coach/Minibus				Slightly Damaged	20

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



TZ0181009/2119

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

Report No. TZ0181009/2119

CONTINUATION OF REPORT

Driver				
Name	SAGAHDEVAN SUPPARAYAH	ID No.	F8487751N	
Related Vehicle	SMB268E (Bus/Coach/Minibus)	Contact No.	82564021	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B, 3, 4A Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details:

On 9th October 2018 at about 0950 hrs, I was driving SMRT bus, service no: 950, along Woodlands Centre Road towards Woodlands Checkpoint. Upon reaching Marsiling Primary School, suddenly one saloon car bearing registration number: SLP1947K which was travelling on the same direction side swipe against the front right part of my bus. The saloon car driver did not stop his car and went straight towards Woodlands Checkpoint direction. I informed my company about the matter and was advised to lodge police report.



SINGAPORE
POLICE FORCE

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



TZ20181009/2119

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Report No. TZ20181009/2119

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:

J /

Sr Staff Sgt CHU PIK YIN

Signature Of Interpreter:

Not applicable

Signature Of Informant

Date/Time:

09/10/2018 15:49

Officer In Charge Of Case:

TP4HRT /

Sr Staff Sgt ESTHER CHONG

Contact No: 65476368

SN 127

Authentication Stamp

NE-155

Classification Of Case:

Sketch Plan Pg. 6