

## 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	31/12/2018 09:59
Date Of Accident	30/12/2018 09:35
Exact Location Of Accident	BT PANJANG RING RD - BEF BS: 44641 (BLK 602)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG1703L
<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-NOPHONE

### Vehicle Particulars

Manufacturer	MAN
Model	NL320F (A22)-10.5 D ABS TURBO (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	MOHAMMAD NOR'AZMAN BIN KASMURI
NRIC No	S9043517E
Date Of Birth	19/11/1990
Occupation	OUTDOOR
Date Of Driving Pass	16/04/2018
Driving Experience	0 YEAR AND 8 MONTH
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 COLLISION - HEAD TO REAR

Weather Conditions CLEAR

Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident 2

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) 15

#### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name CHOA CHU KANG NPC

Police Station Address ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , 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/20181230/2037 ON 30/12/2018 A ABOUT 0935HRS, I AM WORKING AND DRIVING BUS SERVICE NUMBER 920 (SG1703L). WHEN MY BUS (SG1703L) WAS STATIONARY AS THERE WAS A BUS IN FRONT OF ME ALIGHTING PASSENGERS AT THIS BUS STOP NUMBER 44641 AT BUKIT PANJANG RING ROAD TOWARDS SENJA. SUDDENLY, I FELT AN IMPACT FROM THE BACK OF THE BUS WHICH CAUSE MY BODY TO MOVE FORWARD. I ENSURE THAT NOBODY IN THE BUS WAS INJURED BEFORE GOING OUT OF THE BUS. I WENT OUT OF THE BUS AND SAW THIS CAR (SKN8677R) FRONT HIT ONTO MY BUS (SG1703L) REAR. SHORTLY AFTER THE ACCIDENT, AMBULANCE AND TRAFFIC POLICE ARRIVED AT MY LOCATION. THE CAR DRIVER (SKN8677R) WAS CONVEYED VIA AMBULANCE TO NG TENG FONG GENERAL HOSPITAL AND THE CAR (SKN8677R) WAS TOWED BACK. I WISH TO STATE THAT THERE WERE ABOUT 10-15 PASSENGERS IN THE BUS AND THEY AFFIRMED THAT THEY ARE NOT INJURED. THERE IS A CCTV FOOTAGE IN THE BUS. I AM LODGING THIS REPORT FOR COMPANY CLAIM PURPOSES

#### 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 SKN8677R

Vehicle Make/Model/Colour MERCEDES BENZ BLACK

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name AIG ASIA PACIFIC INSURANCE PTE. LTD.  
Nature Of Damage  
No. Of Passenger (Including Driver) 1

**DETAILS OF INJURED PERSON 1**

Name UNKNOWN MALE CHINESE  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SKN8677R  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

## SKETCH PLAN

**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 Authorized Driver**.
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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)**

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 envelope/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:

*[Signature]*

13/4/5

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



Reporting Centre Personnel's Signature  
Name: BALQISH  
NIC/FIN No.: S83403252



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No. 1800-7655999



T/20181230/2037

3 of 3

Report No. T/20181230/2037


**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**Sketch Plan Pg. 5**

**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 / Sgt 2 SOO AU EN		Signature Of Informant: 	
Signature Of Interpreter: Not applicable		Date/Time: 30/12/2018 13:38	
Signature :		Classification Of Case:	
Officer in Charge Of Case: TP / GIT / Staff Sgt LEE GUANG HUI Contact No.: 65476138			
Authentication Stamp NP158			



**SINGAPORE  
POLICE FORCE**



T/20181230/2037

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Report No. T/20181230/2037

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 688286  
Tel No. 1800-7659999

CONTINUATION OF REPORT

**Brief Details.**

On 30/12/2018 at about 0935hrs, I am working and driving bus service number 920(SG1703L). When my bus(SG1703L) was stationary as there was a bus in front of me alighting passengers at this bus stop number 44641 at Bukit Panjang Ring Road towards Senja. Suddenly, I felt an impact from the back of the bus which cause my body to move forward. I ensure that nobody in the bus was injured before going out of the bus. I went out of the bus and saw this car(SKN8677R) front hit onto my bus(SG1703L) rear. Shortly after the accident, ambulance and traffic police arrived at my location. The car driver(SKN8677R) was conveyed via ambulance to NTFGH and the car (SKN8677R) was towed back. I wish to state that there were about 10-15 passengers in the bus and they affirmed that they are not injured. There is a CCTV footage in the bus. I am lodging this report for company claim purposes.



**SINGAPORE  
POLICE FORCE**



T/20181230/0084

Police Station Of Origin:

Choa Chu Kang N.P.C

20 Choa Chu Kang Street 52 #01-02

SINGAPORE 689286

Tel No: 1800-7659999

Report No: T/20181230/0037

1 of 3

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:

Vide Report No.:

Station Diary No.:

30/12/2018 13:38

J/20181230/0084

80

**Informant's Particulars**

Name of Informant:

Address:

MOHAMMAD NORAZMAN BIN

APT BLK 804A KEAT HONG CL #04-12 SINGAPORE 681804

KASIMURI

Contact No.:

ID Type / ID No.:

Home/Office:

Mobile: 98002433

NRIC NO / S9043517E

Email:

Nationality:

SINGAPORE CITIZEN

Sex:

Date of Birth:

Male

19/11/1990

Race:

Driver

Javanese

Language:

Occupation:

Driving Licence Information:

Date of Expiry:

BUS CAPTAIN

Class: 2B, 2A, 2, 3, 4A

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident:	Type of Location:
			30/12/2018 09:35	Straight Road

Location:  
Along Road 1  
BUKIT PANJANG RING ROAD

Before the bus stop at Bukit panjang ring road towards senja

Weather:

Road Surface:

Road Speed Limit:

Clear

Dry

Traffic Flow:

Traffic Control:

Traffic Volume:

One Way

Not Controlled

No Traffic

Type of Collision:

Anyone conveyed by ambulance:

Between Moving Vehicles - Head To Rear

Yes

**Details of Vehicle Involved**

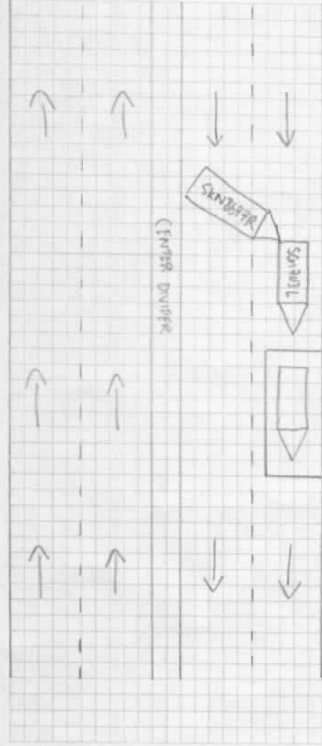
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SG1703L	Bus/Coach/MI				Slightly Damaged	15
SKN8677R	Car				Slightly Damaged	0

# Sketch Plan Pg. 2

## SKETCH PLAN

Quart. Banjong Rong Rd

85 418/41



## 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:

28/05



Reporting Centre Personnel's Signature  
Name: BALQISH  
NRIC/FIN No.: S83403252