

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	20/03/2019 11:07
Date Of Accident	18/03/2019 23:55
Exact Location Of Accident	WOODLANDS AVENUE 9 JUNCTION WITH WOODLANDS ST 91
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG5582S
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	VOLVO
Model	B9TL-9.4 D AUTO TURBO ABS (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	CAO GUANG
Passport No/FIN	G2750563K
Date Of Birth	07/04/1981
Occupation	OUTDOOR
Date Of Driving Pass	11/02/2016
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	6 ANG MO KIO STREET 62
Postcode	569140
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST N.P.C
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , 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/20190319/2034 On the 18/03/2019 at about 2357 HRS I was driving my company's SMRT Bus (SG5582S) along Woodlands Avenue 9 towards Woodlands Industrial Park. I came to a stop at the cross-junction of Woodlands Avenue 9 and Woodlands Street 81 as the traffic light was red. While waiting for the traffic light to turn green, suddenly there was an impact from the rear of my vehicle. I immediately looked at my side mirror and discovered that a lorry (XD1959Y) had collided into the rear of my vehicle. I went down to make a check however nobody was injured. I did not speak to the driver nor did he speak to me as I believed he was Malay and 1 could not speak English. I took photo of the damages and when I was calling my company to inform about the matter, the driver went back into his vehicle and drove away. I was then advised by my company to make a police report for their next actions.

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	XD1959Y
Vehicle Make/Model/Colour	PRIME MOVER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

AXA INSURANCE PTE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

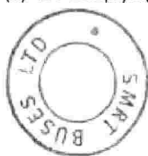
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

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.



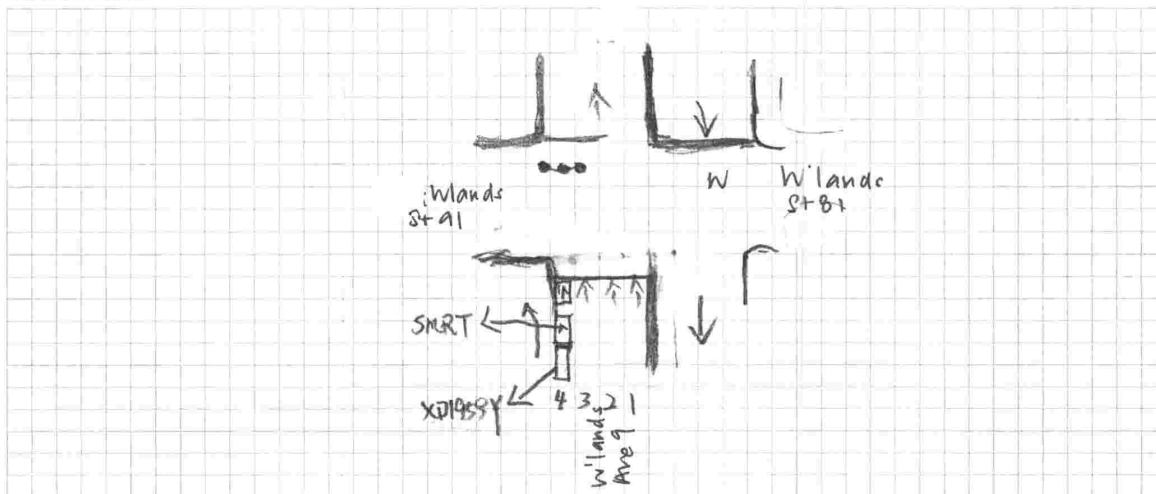
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

I/We declare the foregoing 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: BALQISH
NRIC/FIN No.: S8340325Z





**SINGAPORE
POLICE FORCE**



T/20190319/2034

1 of 3

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20190319/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/03/2019 11:52			Vide Report No.:		Station Diary No.: 228
Informant's Particulars					
Name of Informant: CAO GUANG			Address:		
ID Type / ID No.: FIN NO / G2750563K			Contact No.: Home/Office: Mobile: 84518335		
Nationality: CHINESE			Email:		
Sex: Male	Age: 37	Date of Birth: 07/04/1981	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Bus driver			Driving Licence Information: . Class: 3,4A Date of Expiry: 17/01/2021		

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 18/03/2019 23:55	Type of Location: X-Junction
Location: Along Road 1 WOODLANDS AVENUE 9				
Cross-junction of Woodlands Avenue 9 and Woodlands Street 81				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
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
SG5582S	Bus/Coach/Mi nibus				Slightly Damaged	0
XD1959Y	Lorry					0



**SINGAPORE
POLICE FORCE**



T/20190319/2034

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Report No. T/20190319/2034

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

CONTINUATION OF REPORT

Brief Details.

¹⁸
2357

On the 19/03/2019 at about 1157hrs I was driving my company's SMRT Bus (SG5582S) along Woodlands Avenue 9 towards Woodlands Industrial Park. I came to a stop at the cross-junction of Woodlands Avenue 9 and Woodlands Street 81 as the traffic light was red. While waiting for the traffic light to turn green, suddenly there was an impact from the rear of my vehicle. I immediately looked at my side mirror and discovered that a lorry (XD1959Y) had collided into the rear of my vehicle. I went down to make a check however nobody was injured. I did not speak to the driver nor did he speak to me as I believed he was malay and I could not speak English. I took photo of the damages and when I was calling my company to inform about the matter, the driver went back into his vehicle and drove away. I was then advised by my company to make a police report for their next actions.



**SINGAPORE
POLICE FORCE**



T/20190319/2034

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

3 of 3

Report No. T/20190319/2034

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.

Signature Of Officer Recording The Report:

L /
Sgt 2 YEO CHANG WU, DENNETH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
19/03/2019 11:52

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168

Addendum Sheet Pg. 1

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MSR119036797-01 Vehicle Registration No : S655825
Name(as shown in NRIC): SMRT BUSES LTD
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : 198202292D
Address : -
Contact (Tel) : - (H/P) : -
(Email) : -
Date of Accident : 18.03.2019 Time of Accident : 2357 hr
Place of Accident : Wilands Ave 9 junct with Wilands St 91
Insurance Company : MS First Capital Insurance Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend description due to typo error.



Signature of Vehicle Owner / Driver
Date:

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm