

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	29/04/2019 15:28
Date Of Accident	29/04/2019 08:00
Exact Location Of Accident	JUNCTION OF PETIR RD & PENDING RD - AFT BS: 44211
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB1573S
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	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-19093203MFBP
Cover Note Number	

Driver

Name of Driver	YIN CHUANYANG
Passport No/FIN	G8512774N
Date Of Birth	25/02/1991
Occupation	OUTDOOR
Date Of Driving Pass	11/09/2017
Driving Experience	1 YEAR AND 7 MONTHS
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 - CROSS JUNCTION
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?	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)	50

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

I WAS DRIVING SERVICE 75 AND TRAVELING ON THE RIGHT LANE ALONG PETIR ROAD. AS I APPROACHED THE TRAFFIC LIGHT JUNCTION, THE LIGHT WAS STILL GREEN IN MY FAVOUR AS SUCH I CONTINUED STRAIGHT. OUT OF SUDDEN, COMFORT TAXI (SHD7144G) APPEARED IN FRONT. I STEPPED ON THE BRAKE TO AVOID COLLISION BUT MY BUS COULD NOT STOP ON TIME HENCE COLLIDED INTO THE LEFT REAR PORTION OF THE COMFORT TAXI. THE TAXI CAME FROM THE OPPOSITE ROAD (PETIR ROAD) AND WAS MAKING A RIGHT TURN WHILE MY BUS WAS CROSSING THE JUNCTION. DUE TO THE IMPACT IT CAUSED ONE MALAY FEMALE PASSENGER FROM THE COMFORT TAXI TO INJURED HER LEFT HAND AND SUFFERED ABRASION. AMBULANCE AND POLICE WERE ACTIVATED. AFTER PARAMEDICS ASSESSMENT, THE INJURED MALAY FEMALE PASSENGER DECLINED TO BE CONVEYED TO HOSPITAL. UPON ASSESSING BOTH VEHICLES, MY BUS SUSTAINED DAMAGES ON THE FRONT LEFT PORTION.

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	SHD7144G
Vehicle Make/Model/Colour	COMFORT TAXI, BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YEW WAI CHEONG
NRIC/Passport Number	
Contact Number	
Address	

Postcode
Insurance Company Name INDIA INTERNATIONAL INSURANCE PTE LTD
Nature Of Damage
No. Of Passenger (Including Driver) 2
Passenger 1
NAME: : UNKNOWN MALAY
GENDER: : FEMALE

DETAILS OF INJURED PERSON 1

Name UNKNOWN FEMALE MALAY
Approximate Age 30
Injuries Sustain
Injured person in which vehicle? SHD7144G
Were seat belts worn? NO
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

