

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	23/04/2018 11:57
Date Of Accident	22/04/2018 01:00
Exact Location Of Accident	JUNCTION OF JALAN ANAK BUKIT TOWARDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB1586E
Insured/Policyholder	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	198202292D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000

Vehicle Particulars

Manufacturer	MAN
Model	BUS
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	DII027592MFBP
Cover Note Number	

Driver

Name of Driver	THANJAVOUR RAJARAM PRABHURAM
NRIC No	S7467864E
Date Of Birth	18/07/1974
Occupation	OUTDOOR
Date Of Driving Pass	03/09/2001
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	6 ANG MO KIO STREET 62
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	WOODLANDS EAST NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Refer to Police Report No: T/201/0422/2020 On the 22.04.2018 at about 0100hrs, I was travelling along Jalan Anak Bukit Road towards Bukit Timah Road with my SMRT bus, SMB1586E. As I was approaching the cross junction of Bukit Timah Road, the traffic light was green at the point of time and I proceeded to drive across the cross junction. Just I entered the yellow box area, all of the sudden I saw a car, SLD3604A dashed across from my right. Upon seeing this, I immediately applied the emergency brakes. However, I was too late and collided head onto the left side of the car. Due to the impact the said car was shifted. I managed to get down from the driver's cabin even though it was smashed due to the collision. However, I do not suffer any visible injury due to the collision. The driver of the said car together with 3 people (unsure if they are the passengers) tried to help one lady that was unconscious in the car. The traffic police and ambulance were activated. The traffic police took down our particulars. The unconscious lady namely Jasmine Lim was conveyed to NUH. There is another guy namely Jake Lau was also conveyed to NUH as he mentioned his leg was injured due to the collision. The traffic police took the in-build camera SD card from the said car. The traffic police seized both vehicles involved for investigation purposes.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD3604A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAM QIXIN HONAMI
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 3

DETAILS OF INJURED PERSON 1

Name JASMINE LIM

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLD3604A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name JAKE LAU

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLD3604A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode



**SINGAPORE
POLICE FORCE**



T7201804222020

1 of 4

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T7201804222020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/04/2018 06:09
Vide Report No.:
Station Diary No.: 38

Informant's Particulars

Name of Informant: THANJAYOUR RAJARAM PRABHURAM
Address: APT BLK 774 WOODLANDS CRESCENT #02-22 SINGAPORE 730774
ID Type / ID No.:
NRIC NO / S7467864E
Home/Office: Mobile: 98750474
Email:
Nationality: INDIAN
Sex: Age: Date of Birth: Type of Informant:
Male 43 18/07/1974 Driver
Race: Language: Institution / School Name:
Indian
Occupation: SMRT BUS CAPTAIN
Driving Licence Information: Class: 2B, 2A, 3, 4A
Date of Expiry:

General Information of the Accident

Type of Accident: Injury Attended by Police
Drive: No
Date/Time of Accident: 22/04/2018 01:00
Type of Location: X-Junction
Location: Along Road 1 JALAN ANAK BUKIT
TOWARDS BUKIT TIMAH ROAD
Weather: Clear
Road Surface: Dry
Road Speed Limit:
Traffic Flow: One Way
Traffic Control: Traffic Light - Working
Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side
Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SLD3604A	Car		MERCEDES BENZ	Grey	Seriously Damaged	3
SMB1596E	B.s/Coach/Mi		MAN NL 320F	Multi-Colored	Seriously Damaged	0

Details of Person Involved

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

Sketch Plan Pg. 2



**SINGAPORE
POLICE FORCE**



1720180422/2020

2 of 4

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. 1720180422/2020

CONTINUATION OF REPORT

Passenger					
Name	JAKE LAU	ID No.	S9205576J		
Related Vehicle	SLD3604A (Car)	Contact No.	85011502		
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	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	Serious		
Passenger					
Name	JASMINE LIM	ID No.	S9430385J		
Related Vehicle	SLD3604A (Car)	Contact No.	96636662		
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	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	Serious		
Driver					
Name	LAM QIXIN HONAMI	ID No.	S9333744A		
Related Vehicle	SLD3604A (Car)	Contact No.	91381037		
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		
Driver					
Name	THANJAVOUR RAJARAM PRABHURAM	ID No.	S7467864E		
Related Vehicle	NIL	Contact No.	98750474		
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 3, 4A Date of Expiry: NIL		
Date Treatment	NIL	Date Discharge	NIL		
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL		



**SINGAPORE
POLICE FORCE**



T/20180422/2020

Police Station Of Origin:

Woodlands East N.P.C.

3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 4

Report No. T/20180422/2020

CONTINUATION OF REPORT

Brief Details.

On the 22/04/18 at about 0100hrs, I was travelling along Jalan Anak Bukit road towards Bukit Timah Road with my SMRT bus (SMB1586E).

As I was approaching the cross junction of Bukit Timah Road, the traffic light was green at that point of time and I proceeded to drive across the cross junction.

Just as I entered the yellow box area, all of the sudden I saw a car (SLD3604A) dash across from my right. Upon seeing that I immediately applied the emergency brakes. However I was too late and collided head onto the left side of the car. Due to the impact the said car was shifted.

I manage to get down from the drivers cabin even though it was smashed due to the collision. However I do not suffer any visible injuries due to the collision

The driver of the said car together with 3 people (unsure if they are the passengers) tried to help one lady that was unconscious in the car.

The traffic police and Ambulance was activated. The traffic police took down our particulars. The unconscious lady namely Jasmine Lim, S9430385J, was conveyed to NUH. There is another guy namely Jake Lau, S9205576J was also conveyed to NUH as he mentioned his leg with injured due to the collision.

The traffic police took the In build camera SD card from the said car. The traffic police seized both vehicles involved for investigation purposes.

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



TZ0180422/2020

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Report No. TZ0180422/2020

CONTINUATION OF REPORT

Sketch Plan

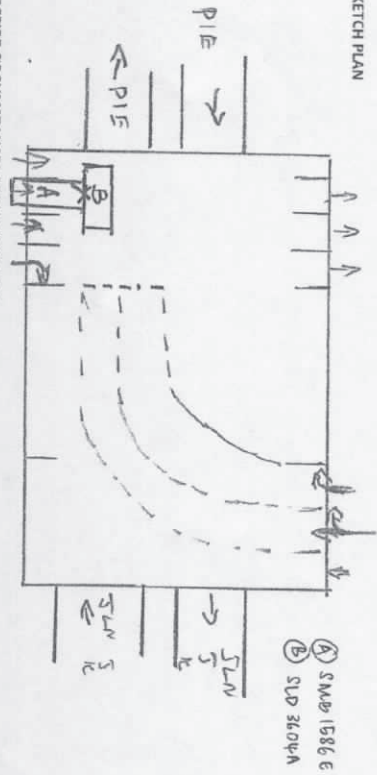
Informant is not able to provide sketch plan

Sketch Plan Pg. 4

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 TAN SWEE MEE AARON Signature Of Interpreter: Not applicable	Signature Of Informant: Date/Time: 22/04/2018 06:09
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:
Authentication Stamp MP188	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO REPORT NO : T/20180422/2020

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:

Date & Time:



Reporting Centre Personnel's Signature

Name: BALÇIŞH

NRIC/FIN No.: S8340325Z

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 a/for/a/call.
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 insurer's 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, investigator 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.: S83403252