

## 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	30/05/2019 14:15
Date Of Accident	27/05/2019 11:35
Exact Location Of Accident	WOODLANDS ROAD BUS STOP 44069
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG5808S
<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	A95-10.5 D (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	TEO POH WAT
NRIC No	F7395141X
Date Of Birth	09/10/1971
Occupation	OUTDOOR
Date Of Driving Pass	18/07/2016
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email 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 CHAIN COLLISION  
 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 4  
 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) 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 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/20190528/2015 On the 27/05/2019 at about 1136hrs, I was driving my SMRT Bus Service number (SG5808S), Inside my bus estimated have 20 passengers, I alighting passenger at Yew Tee Flyover bus stop. After I alighted my passengers, I decided to move off my bus, A Singapore Lorry (XD9274L) the driver stopped and give way to my vehicle, Subsequently another lorry hit onto (XD9274L), The lorry hit onto the side of my bus which cause a serious damaged to my bus. My bus glass panel was broken and Four passenger was injured. Two of them were conveyed to hospital by ambulance. The another two passenger left as they do not require medical attention. Another lorry (XD3017C and SBS8437Y) was also involved in the accident. Police was at scene (J/20190527/0068). I was told by the officer to make a 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 XD9274L  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver WANG MINGHE  
 NRIC/Passport Number

Contact Number  
Address  
Postcode  
Insurance Company Name CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number XD3017C  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver RAMALINGAM SUNDARARAJAN  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SBS8437Y  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category BUS  
Name of Driver SBS TRANSIT LTD  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name SANDRA SEGAR RAJAMMAL  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SG5808S  
Were seat belts worn? NO  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name SEAH AH KIAU  
Approximate Age  
Injuries Sustain REFER TO POLICE REPORT T/20190528/2015 ON THE 27/05/2019 AT ABOUT 1136HRS, I WAS DRIVING MY SMRT BU  
Injured person in which vehicle? SG5808S  
Were seat belts worn? NO

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

#### DETAILS OF INJURED PERSON 3

Name SO ENG LIONG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SG5808S

Were seat belts worn? NO

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

#### DETAILS OF INJURED PERSON 4

Name UNKNOWN CHINESE FEMALE

Approximate Age

Injuries Sustain

Injured person in which vehicle? SG5808S

Were seat belts worn? NO

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**SKETCH PLAN****IMPORTANT NOTICE**

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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.



*[Signature]*

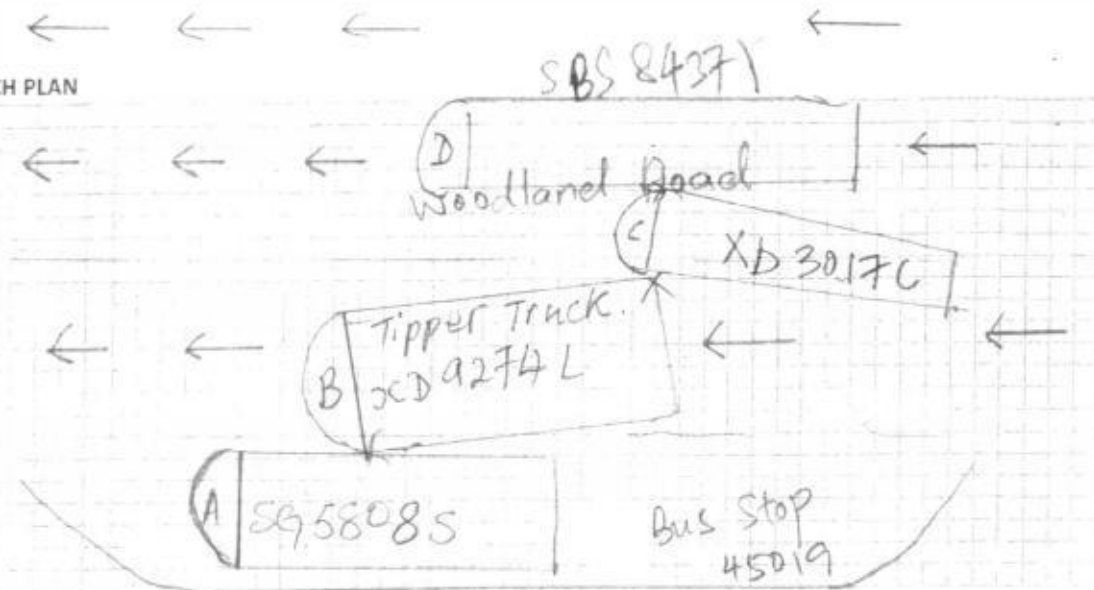


Policyholder's Signature  
Date & Time:

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

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

### 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: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_



**SINGAPORE  
POLICE FORCE**



T/20190528/2015

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

1 of 4

Report No. T/20190528/2015

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/05/2019 03:38	Vide Report No.:	Station Diary No.: 26
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Informant's Particulars				
Name of Informant: TEO POH WAT			Address: APT BLK 150 SIMEI STREET 1 #08-19 SINGAPORE 520150	
ID Type / ID No.: FIN NO / F7395141X			Contact No.: Home/Office: Mobile: 86789096	
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 47	Date of Birth: 09/10/1971	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 2B,2A,2,3,4A Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/05/2019 11:35	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS ROAD  YEW TEE FLYOVER				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBS8437Y	Bus/Coach/Mi nibus				Seriously Damaged	0
SG5808S	Bus/Coach/Mi nibus				Seriously Damaged	20
XD3017C	Lorry				Seriously Damaged	0
XD9274L	Lorry				Seriously Damaged	0



**SINGAPORE  
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T/20190528/2015

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Report No. T/20190528/2015

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	SO ENG LIONG	ID No.	S0240282C
Related Vehicle	SG5808S (Bus/Coach/Minibus)	Contact No.	NIL
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
<b>Passenger</b>			
Name	SEAH AH KIAU	ID No.	S0196374J
Related Vehicle	SG5808S (Bus/Coach/Minibus)	Contact No.	NIL
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
<b>Driver</b>			
Name	TEO POH WAT	ID No.	F7395141X
Related Vehicle	SG5808S (Bus/Coach/Minibus)	Contact No.	86789096
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL





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Report No. T/20190528/2015

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	RAMALINGAM SUNDARARAJAN	ID No.	G6277248X
Related Vehicle	XD3017C (Lorry) (2)	Contact No.	NIL
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
<b>Driver</b>			
Name	WANG MINGHE	ID No.	G7784718P
Related Vehicle	XD9274L (Lorry) (1)	Contact No.	NIL
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

**Brief Details.**

On the 27/05/2019 at about 1136hrs, I was driving my SMRT Bus Service number (SG5808S), Inside my bus estimated have 20 passengers, I alighting passenger at Yew Tee Flyover bus stop. After I alighted my passengers, I decided to move off my bus, A Singapore Lorry (XD9274L) the driver stopped and give way to my vehicle, Subsequently another lorry hit onto (XD9274L), The lorry hit onto the side of my bus which cause a serious damaged to my bus. My bus glass panel was broken and Four passenger was injured. Two of them were conveyed to hospital by ambulance. The another two passenger left as they do not require medical attention. Another lorry (XD3017C and SBS8437Y) was also involved in the accident. Police was at scene (J/20190527/0068). I was told by the officer to make a police report.



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T/20190528/2015

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Report No. T/20190528/2015

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 MOHAMMAD MALIK BIN MOHAMMED  
ANIFAH

Signature Of Informant:

*[Handwritten Signature]*

Signature Of Interpreter:

Not applicable

Date/Time:

28/05/2019 03:38

Officer In Charge Of Case:

TP / GIT /  
Staff Sgt SUFIYAN BIN KHAIRI  
Contact No.: 65476390

Classification Of Case:

Authentication Stamp

NP155 Signatures

Singapore Police Force