

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	02/09/2019 15:50
Date Of Accident	30/08/2019 22:30
Exact Location Of Accident	AT JUNCTION OF KIM SENG RD AND HAVELOCK RD AFTER B
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB125J
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	MERCEDES-BENZ
Model	MBOC500
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	VATHUMALAI A/L SELVARAJOO
Passport No/FIN	F7786083P
Date Of Birth	14/05/1976
Occupation	OUTDOOR
Date Of Driving Pass	10/11/2014
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address NO ADDRESS

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 (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) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name 10 UBI AVENUE 3

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

Police Report No. T/20190831/2022 ON STATED TIME, DATE AND LOCATION I WAS ON DUTY AND DRIVING SMRT BUS SERVICE NUMBER 970. I WAS ALONG KIM SENG ROAD TOWARDS OUTRAM ROAD. I WAS TRAVELLING ON LANE 5 OF 6 LANES (LANE FOR GOING STRAIGHT AND TURNING LEFT ONLY). APPROACHING THE CROSS JUNCTION OF KIM SENG ROAD BY HAVELOCK ROAD, THE TRAFFIC LIGHT WAS GREEN ON MY FAVOUR THEREFORE I DROVE STRAIGHT ACROSS THE JUNCTION WHEN SUDDENLY AN UNKNOWN DARK COLOURED CAR ON MY RIGHT SIDE SWERVE IN FRONT OF ME AND ENCROACHED INTO MY PATH. I MANAGE TO CONTROL THE SITUATION AND BRAKED ON TIME TO AVOID COLLISION WITH THE SAID CAR. AFTER BRAKING, I WAS STILL IN THE YELLOW BOX AND I DID NOT NOTICE THE TRAFFIC. LIGHT COLOUR. I THEN PROCEEDED ACROSS WHEN A CAR COLLIDED INTO MY LEFT SIDE FROM MY LEFT TO RIGHT PERSPECTIVE. I WENT TO CHECK ON THE CAR DRIVER, HE HAD MINOR INJURY AND NEED MEDICAL ATTENTION. HE CALL FOR HELP AND LATER ON POLICE AND AMBULANCE AT SCENE. I DID NOT KNOW CAR THAT CUT INTO MY LANE.

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 SKU1227R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	ANAND
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	EQ INSURANCE COMPANY LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ANAND
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKU1227R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

SN/B125J
part-D
bus/08/19/5059

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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 a copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
 - (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 that 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



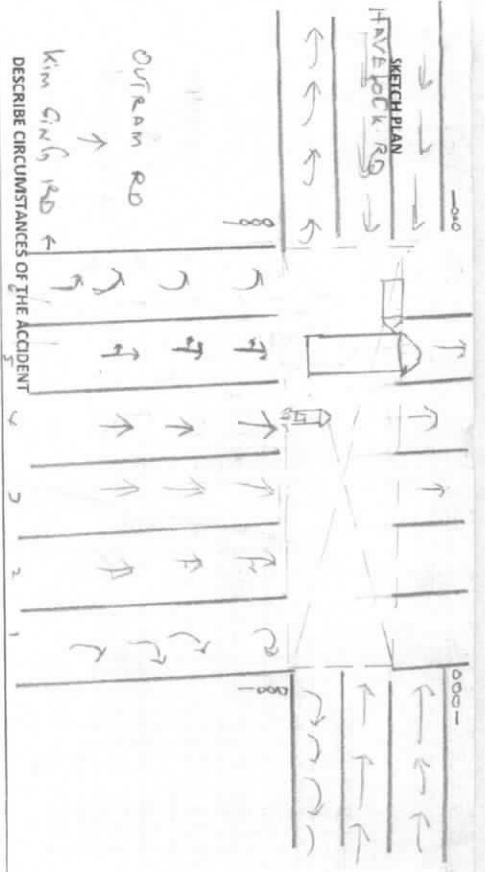
Policyholder's Signature
Date & Time:

M/bj

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



Reporting Centre of the General Insurance Association of Singapore's Signature
Name: *Li Wei Sui*
NRIC/FIN No.: *T4220518U*

[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)

the other

Reporting Centre Personnel's Signature
Name: Lin Sing Kee
Date: 15/05/11



