

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	03/03/2020 08:13
Date Of Accident	29/02/2020 16:15
Exact Location Of Accident	AT JUNCTION OF JALAN BUKIT MERAH AND CTE BEFORE BS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB1544B
Insured/Policyholder	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	1XXXXX292D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000

Vehicle Particulars

Manufacturer	MAN
Model	MAN NL320F (A22)
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	PAREYAGANAPATHI KALIAPPAN@PAREYAGANAPATHI S/O KALI
NRIC No	SXXXX583Z
Date Of Birth	06/01/1973
Occupation	OUTDOOR
Date Of Driving Pass	29/10/2018
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
E-Mail 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	SIDE SWIPE
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)	7

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SEMBANWANG NPC
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , 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/120200229/2125 On 29/02/2020 at about 1615hrs, I was driving SMRT bus service no. 167, SMB1544B along Jln Bukit Merah at the most left lane. The traffic light just turned green as such I drove forward a bit and there was a vehicle, SJP4341L from the opposite direction was waiting at the pocket to make a right turn to GTE. When I continued to drive straight, the said vehicle started making the turn and I accidentally hit onto the vehicle on the rear left as I was not able to stop on time. During the accident, a few of my passengers was injured as such I called my control centre who assisted to call for police. Three of my passengers were conveyed to the hospital. the damages of my bus were the front left door and bumper was damaged and the left mirror was shattered. The other vehicle damages the left rear bumper was heavily dented and bumper.

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	SJP4341L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MASAHARU NUMATA
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MASAHARU NUMATA

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJP4341L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LYNN

Approximate Age 30

Injuries Sustain

Injured person in which vehicle? SMB1544B

Were seat belts worn? NO

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 3

Name UNKNOWN CHINESE

Approximate Age

Injuries Sustain

Injured person in which vehicle? SMB1544B

Were seat belts worn? NO

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 4

Name UNKNOWN CHINESE

Approximate Age

Injuries Sustain

Injured person in which vehicle? SMB1544B

Were seat belts worn? NO

Was this injured conveyed to hospital by ambulance? YES

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)

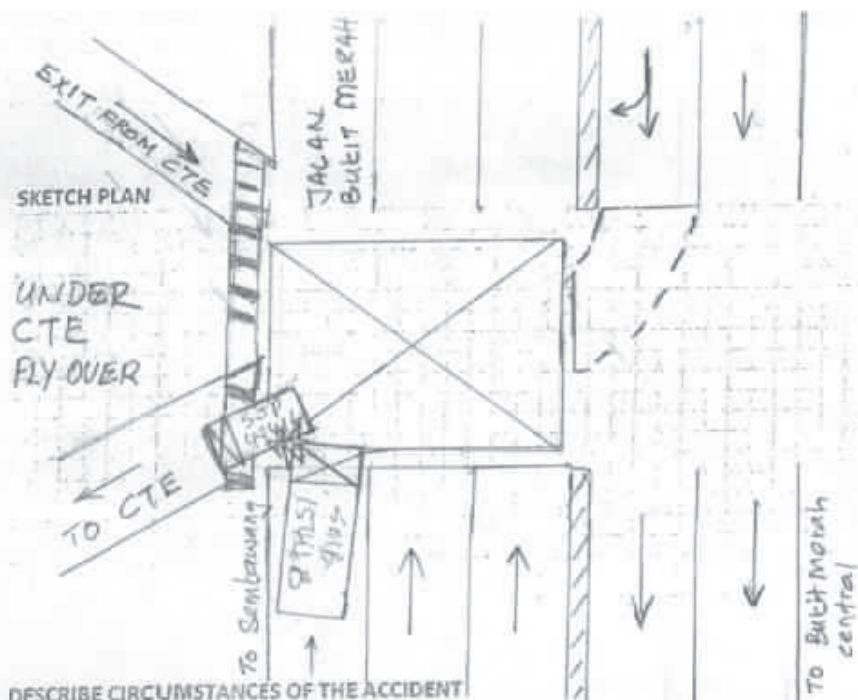
I understand, acknowledge, agree and consent that:

- (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.

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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature _____

Data & Times:

Driver's Signature _____

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Maurer:

6-09827 *Journal of Interpersonal Violence*, 2006, Vol. 21, No. 10, pp. 1309–1320.



**SINGAPORE
POLICE FORCE**



T/20200229/2125

1 of 3

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No: T/20200229/2125

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/02/2020 21:20	Vide Report No.: A/20200229/0110	Station Diary No.: 94
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Informant's Particulars			
Name of Informant: PAREYAGANAPATHI KALIAPPAN		Address: NO 41 JLN BESTARI 21/4 TMN NUSA BESTARI 81300 SKUDAI JB M'SIA	
ID Type / ID No.: NRIC NO / S7380583Z		Contact No.: Home/Office: Mobile: 98833133	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 47	Date of Birth: 06/01/1973	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: BUS CAPTAIN		Driving Licence Information: Class: 3,4A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/02/2020 16:15	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 JALAN BUKIT MERAH CENTRAL EXPRESSWAY Jln Bt Merah junction of CTE				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJP4341L	Car				Slightly Damaged	1
SMB1544B	Bus/Coach/Minibus				Seriously Damaged	7

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



**SINGAPORE
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T/20200229/2125

Police Station Of Origin;
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757833
Tel No: 1800-5549999

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Report No. T/20200229/2125

CONTINUATION OF REPORT

Driver			
Name	MASAHARU NUMATA	ID No.	NIL
Related Vehicle	SJP4341L (Car)	Contact No.	97391547
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	PAREYAGANAPATHI KALIAPPAN	ID No.	S7380583Z
Related Vehicle	SMB1544B (Bus/Coach/Minibus)	Contact No.	98833133
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

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POLICE FORCE**



T/20200229/2125

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Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 3

Report No. T/20200229/2125

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 WAN FARAH DINA BINTE SAIFULLIZAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/02/2020 21:20
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No: 65476216	Classification Of Case:
Authentication Stamp NP188 Singapore Police Force	