

## 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             | 25/03/2020 11:13   |
| Date Of Accident           | 24/03/2020 09:15   |
| Exact Location Of Accident | TOH GUAN ROAD EAST |
| Country/State of Loss      | SINGAPORE          |

### DETAILS OF OWN VEHICLE

|                             |                                 |
|-----------------------------|---------------------------------|
| Vehicle Registration Number | SG5037A                         |
| <b>Insured/Policyholder</b> |                                 |
| Name Of Registered Owner    | TOWER TRANSIT SINGAPORE PTE LTD |
| Co Reg No                   | XXXXXX417K                      |
| Email Address               | NOEMAIL                         |
| Mobile Phone No             |                                 |
| Alternative Phone No        | OFFICE-62480987                 |

### Vehicle Particulars

|  |                               |
|--|-------------------------------|
| Manufacturer   | VOLVO                         |
| Model  | B9TL-9.4 D AUTO TURBO ABS (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          | COMPREHENSIVE                  |
| Fleet Policy              | YES                            |
| Policy Number             | D-19094584MFBP/4               |
| Cover Note Number         |                                |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | HU PEI TIONG          |
| Passport No/FIN      | FXXXX310X             |
| Date Of Birth        | 06/06/1963            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 02/07/1993            |
| Driving Experience   | 26 YEARS AND 8 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-98888888  |
| Fax Number           |                       |
| Contact Number       |                       |
| EEmail Address       | NOEMAIL               |

|   |                                 |
|---|---------------------------------|
| Address   | 21 BULIM DRIVE SINGAPORE 648170 |
| 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 - HEAD ON 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                         | 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)   | 10  |

#### Details of Police Action

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

#### Circumstances of Accident

PLEASE REFER ATTACHED

#### Attachment(s)

|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | NO  |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |                                      |
|-------------------------------------|--------------------------------------|
| Vehicle Registration Number         | GBF3783Z                             |
| Vehicle Make/Model/Colour           | TOYOTA DYNA                          |
| Details Of Properties               |                                      |
| Vehicle Category                    | COMMERCIAL VEHICLE                   |
| Name of Driver                      | RAMIAH MURUGAN                       |
| NRIC/Passport Number                | GXXXX641Q                            |
| Contact Number                      | 82601534                             |
| Address                             |                                      |
| Postcode                            |                                      |
| Insurance Company Name              | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Nature Of Damage                    |                                      |
| No. Of Passenger (Including Driver) |                                      |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|                                     |                    |
|-------------------------------------|--------------------|
| Vehicle Registration Number         | GBE460E            |
| Vehicle Make/Model/Colour           | NISSAN CABSTAR     |
| Details Of Properties               |                    |
| Vehicle Category                    | COMMERCIAL VEHICLE |
| Name of Driver                      | M. GANAPATHY       |
| NRIC/Passport Number                | 0XXXX8213          |
| Contact Number                      | 87124786           |
| Address                             |                    |
| Postcode                            |                    |
| Insurance Company Name              |                    |
| Nature Of Damage                    |                    |
| No. Of Passenger (Including Driver) |                    |

#### DETAILS OF OTHER VEHICLE PROPERTY 3

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SJQ79R      |
| Vehicle Make/Model/Colour           | LEXUS GS350 |
| Details Of Properties               |             |
| Vehicle Category                    | PRIVATE CAR |
| Name of Driver                      |             |
| NRIC/Passport Number                |             |
| Contact Number                      |             |
| Address                             |             |
| Postcode                            |             |
| Insurance Company Name              |             |
| Nature Of Damage                    |             |
| No. Of Passenger (Including Driver) |             |

#### DETAILS OF INJURED PERSON 1

|   |         |
|---|---------|
| Name  | UNKNOWN |
| Approximate Age                                     |         |
| Injuries Sustain                                    |         |
| Injured person in which vehicle?                    | SG5037A |
| Were seat belts worn?                               | NO      |
| Was this injured conveyed to hospital by ambulance? | YES     |
| Address   |         |
| Postcode  |         |

# Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20200324/2060

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

1 of 3

Report No. T/20200324/2060

## REPORT OF A TRAFFIC ACCIDENT

|  |            |                                     |  |                           |                            |
|--|------------|-------------------------------------|--|---------------------------|----------------------------|
| Date/Time Report Made:<br>24/03/2020 12:43 |            | Vide Report No.:<br>D/20200324/0045 |  | Station Diary No.:<br>101 |                            |
| <b>Informant's Particulars</b>             |            |                                     |  |                           |                            |
| Name of Informant:<br>HU PEI TIONG         |            |                                     | Address:<br>APT BLK 174 BOON LAY DRIVE #08-300 SINGAPORE<br>640174 |                           |                            |
| ID Type / ID No.:<br>FIN NO / F7389310X    |            |                                     | Contact No.:<br>Home/Office: Mobile: 97278765                      |                           |                            |
| Nationality:<br>MALAYSIAN                  |            |                                     | Email:   |                           |                            |
| Sex:<br>Male                               | Age:<br>56 | Date of Birth:<br>06/06/1963        | Type of Informant:<br>Driver                                       |                           |                            |
| Race:<br>Chinese                           |            |                                     | Language:  |                           | Institution / School Name: |
| Occupation:<br>Bus driver                  |            |                                     | Driving Licence Information:<br>Class: 2B,3,4 Date of Expiry:      |                           |                            |

## General Information of the Accident

|  |                              |   |  |                                      |
|--|------------------------------|---|--|--------------------------------------|
| Type of Accident:  | Injury Conveyed By Ambulance | Drink Drive:<br>No                          | Date/Time of Accident:<br>24/03/2020 09:15 | Type of Location:<br>Straight Road   |
| Location:<br>Along Road 1<br>TOH GUAN ROAD EAST<br><br>outside 61 toh guan road east |                              |   |  |                                      |
| Weather:<br>Clear  |                              | Road Surface:<br>Dry                        |  | Road Speed Limit:                    |
| Traffic Flow:<br>Dual Carriage Way   |                              | Traffic Control:<br>Traffic Light - Working |  | Traffic Volume:<br>Light             |
| Type of Collision:<br>Between Moving Vehicles - Head To Side                         |                              |   |  | Anyone conveyed by ambulance:<br>Yes |

## Details of Vehicle Involved

| Vehicle No. | Type                  | Make | Model | Color | Condition            | No of Passenger |
|-------------|-----------------------|------|-------|-------|----------------------|-----------------|
| GBE460E     | Lorry                 |      |       |       |                      | 0               |
| GBF3783Z    | Lorry                 |      |       |       |                      | 0               |
| SG5037A     | Bus/Coach/Mi<br>nibus |      |       |       | Seriously<br>Damaged | 35              |
| SJQ79R      | Car                   |      |       |       |                      | 0               |

## Accident Sketch Plan



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T/20200324/2060

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2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

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Report No. T/20200324/2060

### CONTINUATION OF REPORT

|                                   |                             |  |                                      |
|-----------------------------------|-----------------------------|--|--------------------------------------|
| <b>Details of Person Involved</b> |                             |  |                                      |
| Any Pedestrian Involved: No       |                             |  |                                      |
| No. of Pedestrians Injured: NIL   |                             | Use of Pedestrian Crossing: NA         |                                      |
| <b>Driver</b>                     |                             |  |                                      |
| Name                              | HU PEI TIONG                | ID No.                                 | F7389310X                            |
| Related Vehicle                   | SG5037A (Bus/Coach/Minibus) | Contact No.                            | 97278765                             |
| Hospital/Clinic                   | NIL                         | Class of Driving Licence & Expiry Date | Class: 2B,3,4<br>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 24/03/2020 at around 0915hrs, I was driving bus service 183 using SG5037A along Toh Guan Road East. I noticed that there was a lorry GBE460E parked on the slope inside a company premise and it was slowly rolling down the slope.

Suddenly, the lorry picked up speed and collided with my bus. The lorry then went on to hit a lorry GBE460E and a car SG5037A.

My bus sustained scratches and dent of the rear right side. In addition, 02 glass panels were cracked as well.

01 of my passengers were injured and the passenger was conveyed.

No government property or vehicle was involved.

Traffic police attended to the incident Ref D/20200324/0045 IO Fidah DID:6547 6202

# Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20200324/2060

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

3 of 3

Report No. T/20200324/2060

## 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:<br>J /<br>SHAO QIANKANG<br>                               | Signature Of Informant:<br> |
| Signature Of Interpreter:<br>Not applicable<br>  | Date/Time:<br>24/03/2020 12:43  |
| Officer In Charge Of Case:<br>TP / GIT /<br>Staff Sgt MUHAMMAD NOOR BIN ABDUL<br>RAHMAN<br>Contact No.: 65476201<br>Authentication Stamp<br>NP168                                       | Classification Of Case:   |
| <br><br>SIGNATURE |   |

## Accident Sketch Plan



### Statement Form

|   |  |
|---|--|
| <b>Employee Name:</b><br>Hu Pei Tiong<br><b>Employee ID: BC 10792</b>   | <b>Date Taken:</b><br>24 Mar 2020<br><b>Time Taken:</b><br>1350hrs |
| <b>Date of Incident:</b><br>24 Mar 2020   | <b>Time Of Incident:</b><br>0919hrs                                |
| <b>Service No. &amp; Reg No.:</b><br>183 SG 5037A   | <b>Duty Number:</b><br>183S03                                      |
| <b>Nature of Incident: Bus</b><br><b>Hit by Private Lorry</b>   |  |
| <b>Details:</b><br>On 24 Mar 2020, I was on revenue service 183S03 driving SG 5037A. At 0919hrs, I was at Toh Guan Rd East before BS28699 when an unmanned private lorry rolled down from Wang-Fu Ind Pte Ltd and hit my bus. Subsequently the lorry hit another private lorry and car. 1 passenger from the bus was hit by glass shrapnel's on the neck but he declined ambulance assistance. Ambulance and TP were activated by PUB Waterhub as the injured passenger was their staff. Ambulance arrived @ 0953hrs and the passenger was conveyed to NTFGH. The bus later rtd to depot. |  |
| <b>3<sup>rd</sup> party details :</b> Ramajah Murugan.<br>G****641Q<br><b>Reg. No :</b> GBF 3783Z   |  |

\*I confirmed that the above statement given by me is correct to the best of my knowledge.

|                         |           |                       |
|-------------------------|-----------|-----------------------|
| Hu Pei Tiong / BC 10792 |           | 24 Mar 2020 / 1350hrs |
| Employee Name & No.     | Signature | Date & Time           |

Statement Taken Conducted By:

|                    |                        |
|--------------------|------------------------|
| Peter Lim / 11113  | Interchange Supervisor |
| Name / Employee ID | Designation            |

## Accident Sketch Plan

### SKETCH PLAN

Hand-drawn sketch map of a road intersection. A horizontal road is labeled "Highway" and "East". A vertical road crosses it, labeled "SE". A small square is marked on the horizontal road, and a larger square is marked on the vertical road. The word "Highway" is written vertically along the vertical road.

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 24 Mar 2020, I was on revenue service 183S03 driving SG 5037A. At 0919hrs, I was at Toh Guan Rd East before BS28699 when an unmanned private lorry rolled down from Wang-Fu Ind Pte Ltd and hit my bus. Subsequently the lorry hit another private lorry and car. 1 passenger from the bus was hit by glass shrapnel's on the neck but he declined ambulance assistance.

Ambulance and TP were activated by PUB Waterhub as the injured passenger was their staff. Ambulance arrived @ 0953hrs and the passenger was conveyed to NTFGH. The bus later rtd to depot.

3<sup>rd</sup> party details : Ramajah Murugan.  
G\*\*\*\*641Q

Reg. No : GBF 3783Z

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or printed text on the paper.

## 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.: \_\_\_\_\_

24-3-20



## Accident Sketch Plan

### SKETCH PLAN

#### 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.
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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 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:

24-3-20

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

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





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