

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 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	21/01/2016 17:53
Date Of Accident	20/01/2016 14:00
Exact Location Of Accident	EXIT FROM WOODLANDS REGIONAL INTERCHANGE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB279Z
Insured/Policyholder	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	198202292D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-88888888

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	First Capital Insurance Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	
Cover Note Number	

Driver

Name of Driver	ISPARAN A/L G MUNUSAMY
Passport No/FIN	F0568329R
Date Of Birth	27/01/1965
Occupation	Outdoor
Date Of Driving Pass	04/10/2010
Driving Experience	5 Years And 3 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

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- Head to Side
Weather Conditions Clear
Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No
Was any body injured in the Accident? No
Was any other material or property damaged? Yes
Was there any video captured by Car Camera? Yes
Number of Passengers (Including Driver) 25

Details of Police Action

Was the accident reported to the police? No
If Yes, Please state which Police Station
Was notice of intended Prosecution given? No
If Yes, against whom?

Circumstances of Accident

REFER TO GIA

Are accident photos available for attachment? Not available due to circumstances of accident

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GQ9234K
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver TIEW KIM KUAN
NRIC/Passport Number S6974888J
Contact Number 96269607
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name SEMBAKAM
Phone Number 97353143
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

NOORJAHAN

Phone Number

97353143

Email Address

IMPORTANT NOTICE

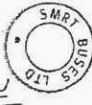
SKETCH PLAN

15/01/16/17025

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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 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.
- (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 stated outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time 21/1/2016 Driver's Signature (if driver is not the policyholder) / Date & Time 21/1/2016 1430 hrs Witnessed by Reporting Centre Personnel ✓

Sketch Plan

Refer to sketch attach

Sketch Plan Pg.2

Describe Circumstances of the Accident

My lorry travelled from Woodlands Regional Interchange towards Woodlands Ave 3. Upon approaching the traffic junction of Woodlands Ave 3, at that time the traffic light was green in my favour, I then continued my journey, a truck suddenly braked out from the opposite direction making a left turn towards my lane, I was unable to brake in time and collided into the left rear portion of the truck. No injury. Truck still.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

21/1/2016

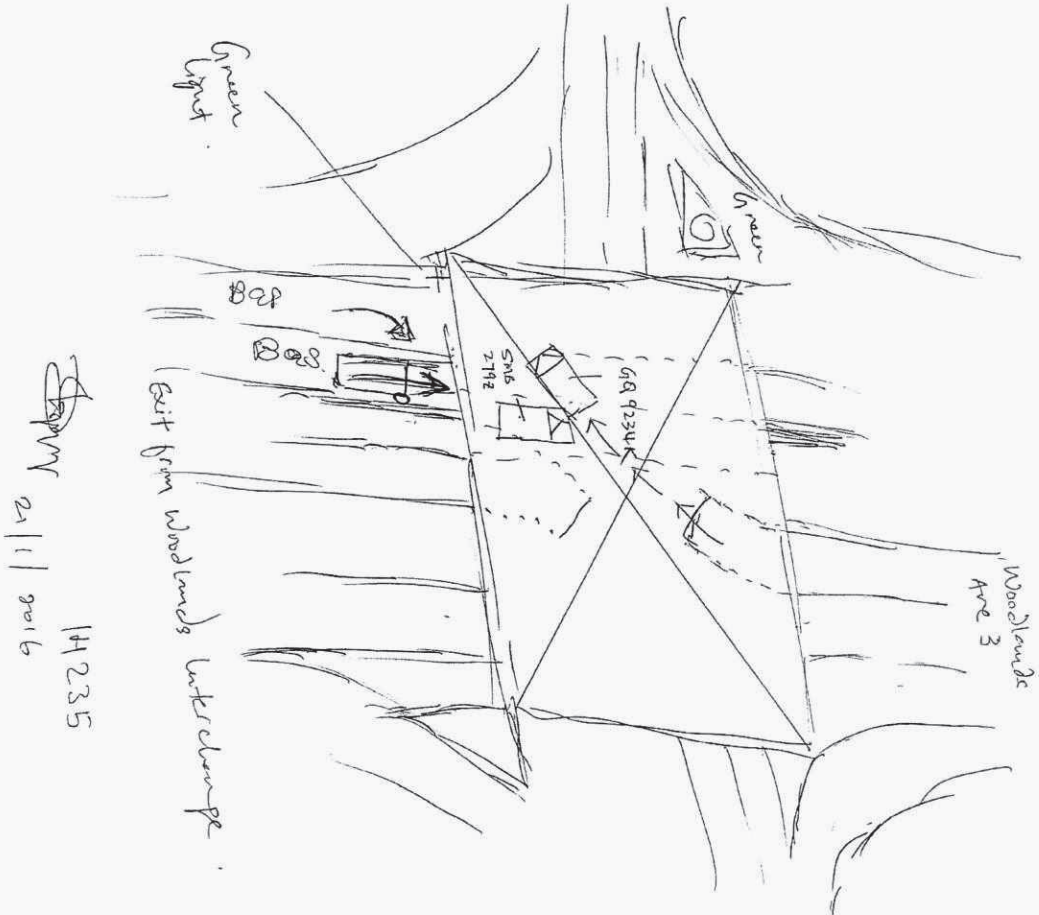
Driver's Signature (if driver is not the policyholder) / Date & Time

21/1/2016

1425

Witnessed by Reporting Centre Personnel

Sketch Plan Pg.3



Bris/01/16/70ax

14235
21/1/2016

Addendum Sheet Pg.1

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

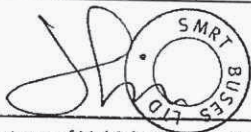
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MSMR16068802 Vehicle Registration No : SMB279Z
Name(as shown in NRIC): SMRT BUSES Ltd
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : 198202292P
Address : -
Contact (Tel) : - (H/P) : -
(Email) : -
Date of Accident : 20/1/16 Time of Accident : 1400
Place of Accident : Exit from Woodlands Interchange towards Wld Ave 3
Insurance Company : FCIL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

The time of accident should be 1400 hrs.

 SMRT BUSES LTD

Signature of Vehicle Owner / Driver

Date: 15 FEB 2016

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm