

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	21/10/2020 18:39
Date Of Accident	20/10/2020 21:40
Exact Location Of Accident	P'GGOL WAY X P'GGOL CTRL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS3501C
Insured/Policyholder	
Name Of Registered Owner	GO AHEAD SINGAPORE PTE LTD
Co Reg No	2XXXXX900C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63847169

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	COMMERCIAL PURPOSE
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-19094111MFBP
Cover Note Number	

Driver

Name of Driver	THAM SAN HON
NRIC No	SXXXX230D
Date Of Birth	16/10/1969
Occupation	OUTDOOR
Date Of Driving Pass	25/03/2000
Driving Experience	20 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87161875
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	2 LOYANG WAY
Postcode	508776
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?	NO
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS DRIVING GO AHEAD SERVICE 118 [SBS3501C] ON THE ABOVE-MENTIONED DATE AND TIME. ON APPROACHING THE SIGNALIZED JUNCTION OF PUNGGOL WAY X PUNGGOL CENTRAL, THE TRAFFIC LIGHT ON MY SIDE WAS GREEN LIGHT WITH GREEN ARROW SO I PROCEED TO TURN RIGHT FROM PUNGGOL WAY TOWARDS PUNGGOL CENTRAL. IN THE MIDST OF CROSSING THE JUNCTION, THE TRAFFIC LIGHT CHANGE TO AMBER ARROW SO I CONTINUED TO TURN RIGHT. HOWEVER, BEFORE I COULD CLEARED THE JUNCTION, A BLUE COMFORT-DELGRO TAXI [SHC3704Y] COMING FROM THE OPPOSITE DIRECTION OF PUNGGOL WAY DID NOT STOP BUT DASHED OUT WHERE THE TAXI FRONT BUMPER COLLIDED ON TO THE REAR LEFT EXIT DOOR FRAME AND BODY PANEL OF MY BUS. AFTER CHECKING WITH MY PASSENGERS INSIDE MY BUS THAT NO ONE WAS INJURED, I ALIGHTED MY BUS, WENT OVER TO THE TAXI AND SAW 2 PASSENGERS INSIDE. I ASKED IF ANYONE WAS INJURED WHICH THE TAXI DRIVER [THIAGARAJAH S/O VAIRAVAN S1443329E] AND A MALE PASSENGER [CHAN WAI BING HENRY T0317421I] TOLD ME THEY WERE IN PAIN DUE TO THE IMPACT. I ASKED IF THEY NEED ME TO CALL AMBULANCE WHICH BOTH OF THEM DECLINED. AFTER EXCHANGING PARTICULARS WITH THEM AS INSTRUCTED BY OPERATION COMMAND CENTRE, I LEFT THE SCENE

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	DIFFERENT FORMAT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC3704Y
Vehicle Make/Model/Colour	BLUE HYUNDAI AE IONIQ HEV FL 1.6 DCT

Details Of Properties	FRONT BUMPER
Vehicle Category	TAXI
Name of Driver	THIAGARAJAH S/O VAIRAVAN
NRIC/Passport Number	SXXXX329E
Contact Number	97109251
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

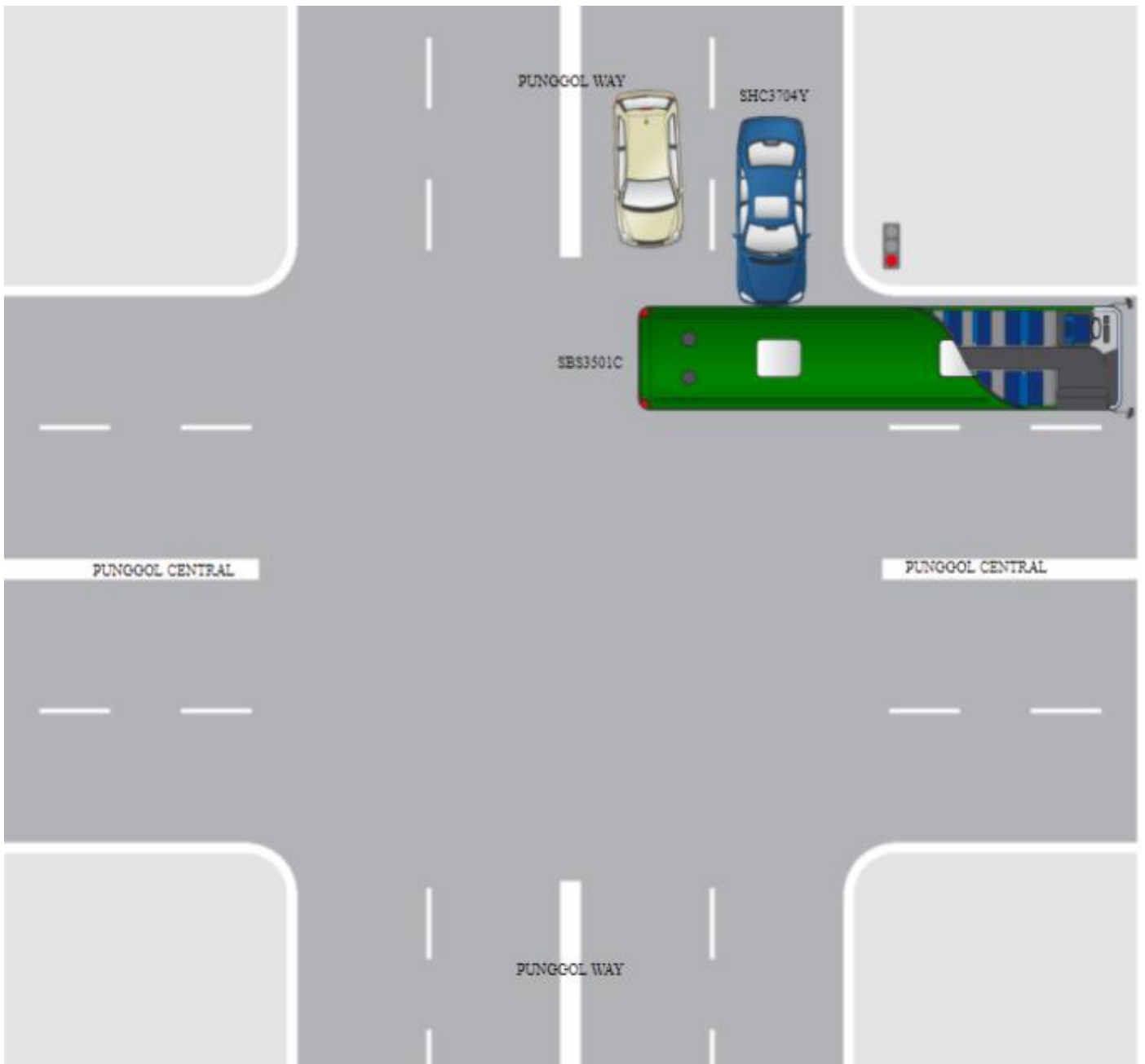
DETAILS OF INJURED PERSON 1

Name	THIAGARAJAH S/O VAIRAVAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHC3704Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	CHAN WAI BING HENRY
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHC3704Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan



POLICE REPORT 3



**SINGAPORE
POLICE FORCE**



T/20201021/7030

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201021/7030

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
21/10/2020 18:32

Classification Of Case:

POLICE REPORT 2



**SINGAPORE
POLICE FORCE**



T/20201021/7030

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201021/7030

CONTINUATION OF REPORT

Driver			
Name	THAM SAN HON	ID No.	S6960230D
Related Vehicle	SBS3501C (Lorry)	Contact No.	87161875
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

I WAS DRIVING GO AHEAD SERVICE 118 [SBS3501C] ON THE ABOVE-MENTIONED DATE AND TIME. ON APPROACHING THE SIGNALIZED JUNCTION OF PUNGGOL WAY X PUNGGOL CENTRAL, THE TRAFFIC LIGHT ON MY SIDE WAS GREEN LIGHT WITH GREEN ARROW SO I PROCEED TO TURN RIGHT FROM PUNGGOL WAY TOWARDS PUNGGOL CENTRAL. IN THE MIDST OF CROSSING THE JUNCTION, THE TRAFFIC LIGHT CHANGE TO AMBER ARROW SO I CONTINUED TO TURN RIGHT. HOWEVER, BEFORE I COULD CLEARED THE JUNCTION, A BLUE COMFORT-DELGRO TAXI [SHC3704Y] COMING FROM THE OPPOSITE DIRECTION OF PUNGGOL WAY DID NOT STOP BUT DASHED OUT WHERE THE TAXI FRONT BUMPER COLLIDED ON TO THE REAR LEFT EXIT DOOR FRAME AND BODY PANEL OF MY BUS. AFTER CHECKING WITH MY PASSENGERS INSIDE MY BUS THAT NO ONE WAS INJURED, I ALIGHTED MY BUS, WENT OVER TO THE TAXI AND SAW 2 PASSENGERS INSIDE. I ASKED IF ANYONE WAS INJURED WHICH THE TAXI DRIVER [THIAGARAJAH S/O VAIRAVAN S1443329E] AND A MALE PASSENGER [CHAN WAI BING HENRY T0317421I] TOLD ME THEY WERE IN PAIN DUE TO THE IMPACT. I ASKED IF THEY NEED ME TO CALL AMBULANCE WHICH BOTH OF THEM DECLINED. AFTER EXCHANGING PARTICULARS WITH THEM AS INSTRUCTED BY OPERATION COMMAND CENTRE, I LEFT THE SCENE.

POLICE REPORT 1



**SINGAPORE
POLICE FORCE**



T/20201021/7030

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20201021/7030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/10/2020 18:32		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: THAM SAN HON			Address:		
ID Type / ID No.: NRIC NO / S6960230D			Contact No.: Home/Office: Mobile: 87161875		
Nationality: MALAYSIAN			Email: tshkelvin69@gmail.com		
Sex: Male	Age: 51	Date of Birth: 16/10/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/10/2020 21:40	Type of Location: X-Junction
Location: PUNGGOL CENTRAL				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

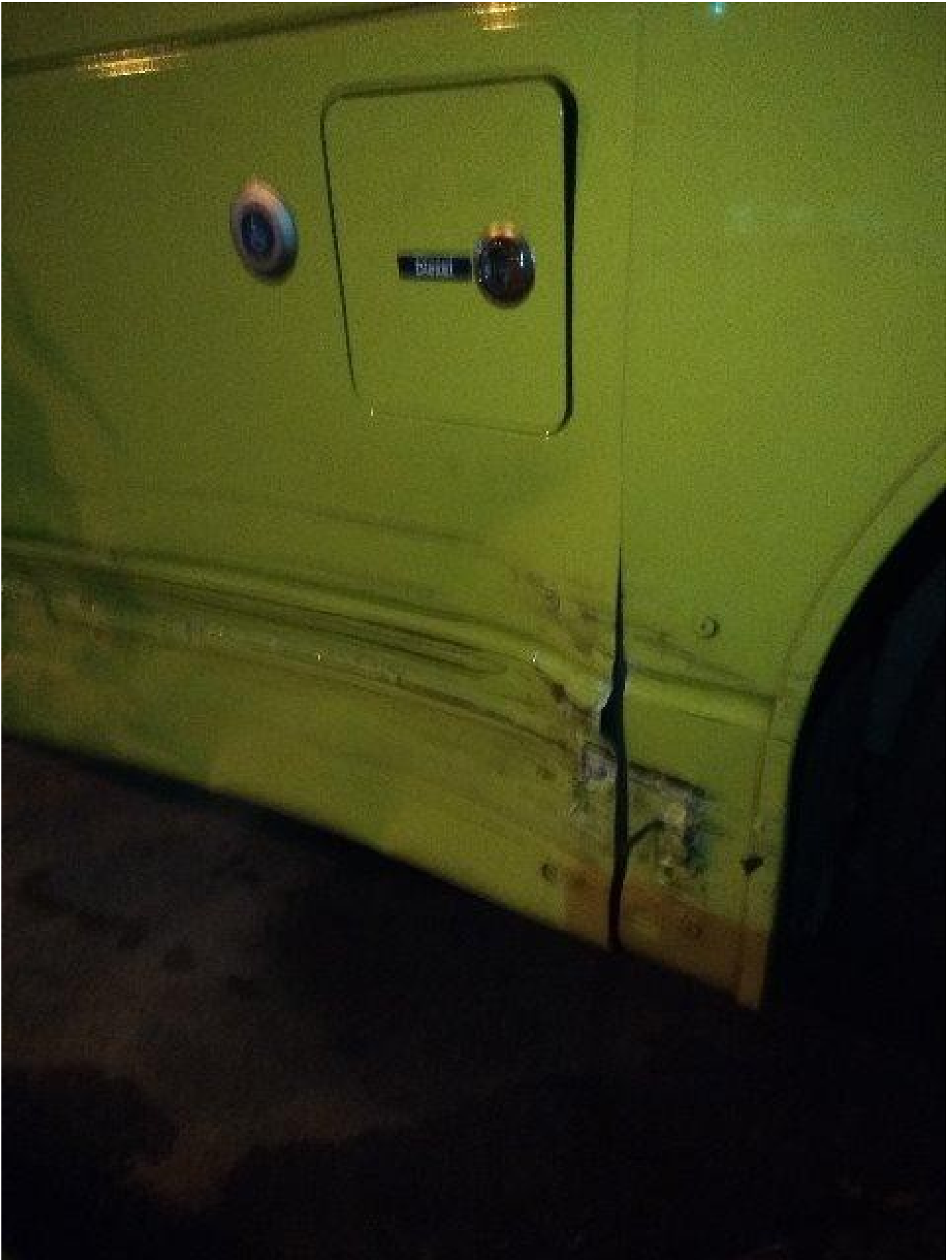
Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SBS3501C	Lorry	VOLVO	B9TL 9.4L AUTO TURBO ABS	Green		20

Details of Person Involved

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

Accident Photo



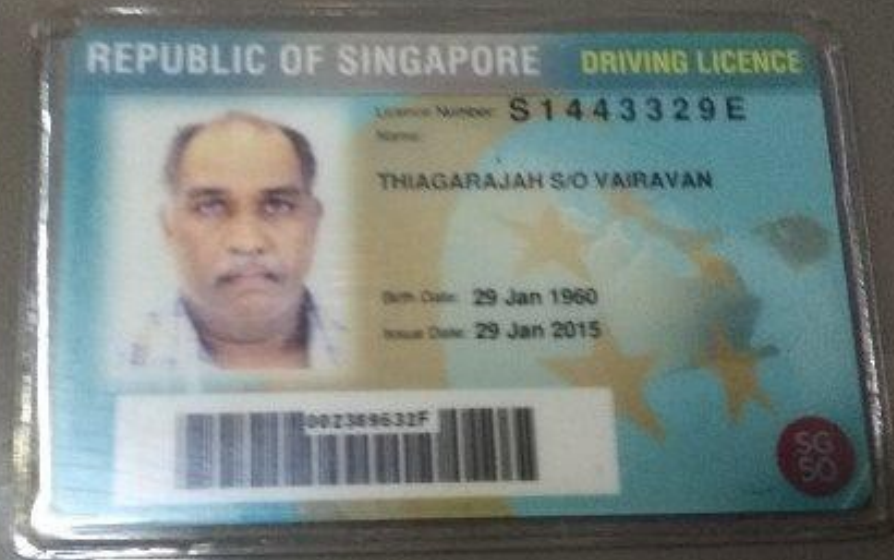
Accident Photo



Accident Photo



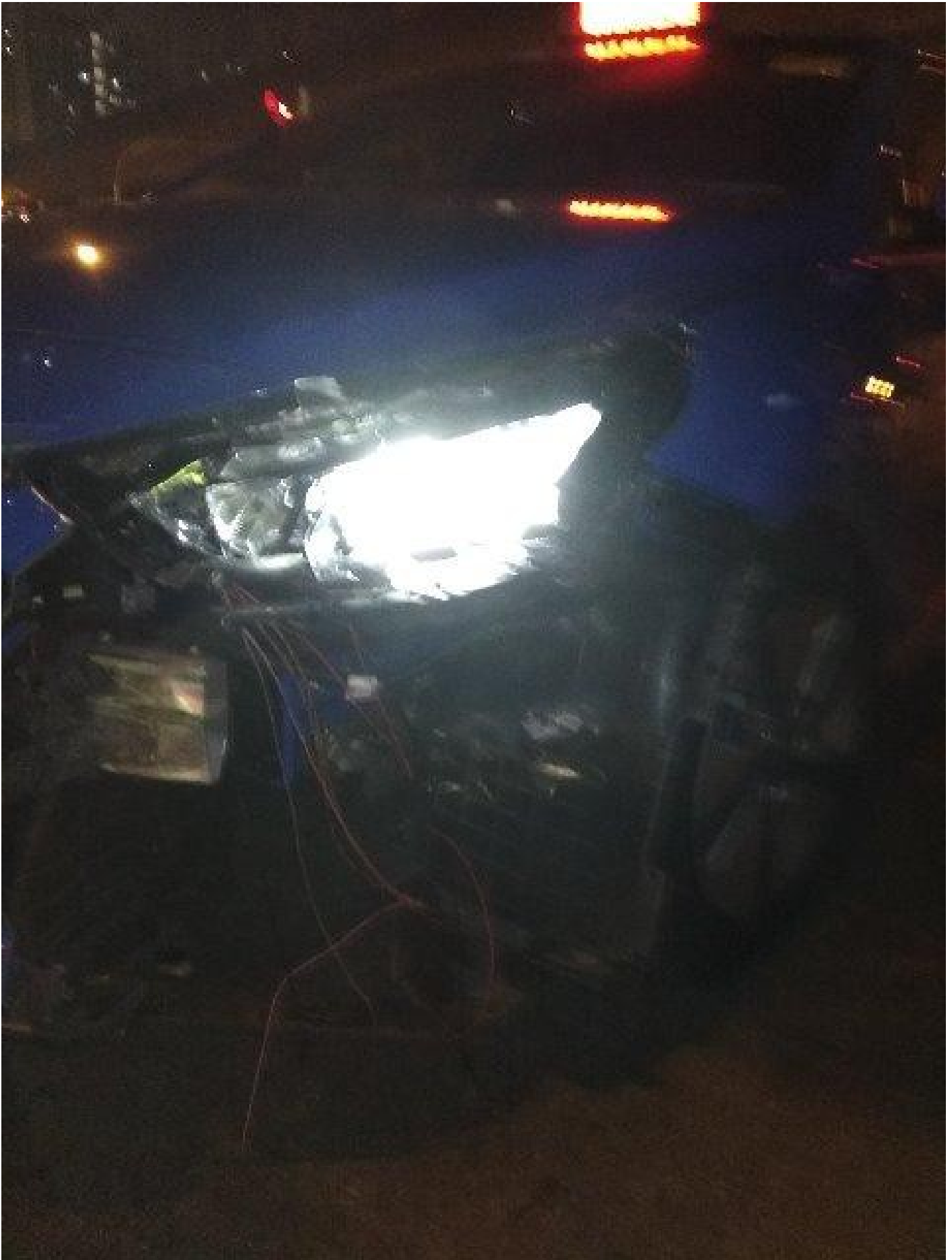
Driving License



Identification Card



Accident Photo



Accident Photo

