

## 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 Submission ..... 29/12/2020 13:51 (SGT)  
Date of Accident ..... 27/12/2020 21:20 (SGT)  
Exact Location of Accident ..... Jln Eunos, Jalan Eunos Interim Park, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SBS8298G

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SBS Transit LTD  
Company Reg No ..... 199206653MPTE01  
Email Address ..... changsp@sbstransit.com.sg  
Mobile Phone No ..... (Phone) +65-65529606  
Alternative Phone No ..... (Office) +65-65529606

#### VEHICLE PARTICULARS

Manufacturer ..... Scania  
Model ..... KUB 4 X2  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... Yes  
Vehicle Category ..... Bus

#### INSURANCE COMPANY

Name of Insurance Company ..... First Capital  
Type of Coverage ..... ActLiability  
Fleet Policy ..... No  
Policy Number ..... D-20095429MFBP  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... Siang Chee Choy  
Passport No/FIN ..... F7831082X  
Date Of Birth ..... 08/07/1979  
Occupation ..... Outdoor

Date Of Driving Pass .....	03/10/2013
Driving experience .....	7 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-65529606
Alt. Phone Number .....	-
Email Address .....	changsp@sbstransit.com.sg
Address .....	15, Ang Mo Kio St 63
Address complement .....	-
Postcode .....	569117
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	7
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	Unknown
Gender .....	Male

#### PASSENGER 2

Name .....	Unknown
Gender .....	Male

#### PASSENGER 3

Name .....	Unknown
Gender .....	Female

#### PASSENGER 4

Name .....	Unknown
Gender .....	Female

#### PASSENGER 5

Name .....	Unknown
Gender .....	Male

#### PASSENGER 6

Name .....	Unknown
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Woodlands East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007679999
Police Station Address .....	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given? .....	No

If yes, against whom? .....

#### CIRCUMSTANCES OF ACCIDENT

On mentioned date and time, I was driving bus svc 55 along Jln Eunus and was right before the junc of Jln Ismail. I was driving on the most left lane. Suddenly, a car from my right swerved into my lane and wanted to left turn onto Jln Ismail. The car turned too suddenly and I could not stop in time. My bus's front collided onto the car's left. I was already approaching the junc of Jln Ismail and the car tried to turn left from my right side. I checked on my pax and they informed me that they were not injured. A little girl hit her head onot the seat in front of her and started crying, however her mother told me that she does not require immediate medical attention. Bus right front bumper damaged, while car left rear damaged. Bus continue service after consulted IO and after ascertained all the particulars from both parties (car driver and said pax).

#### ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... No  
Was there any audio recorded? ..... No

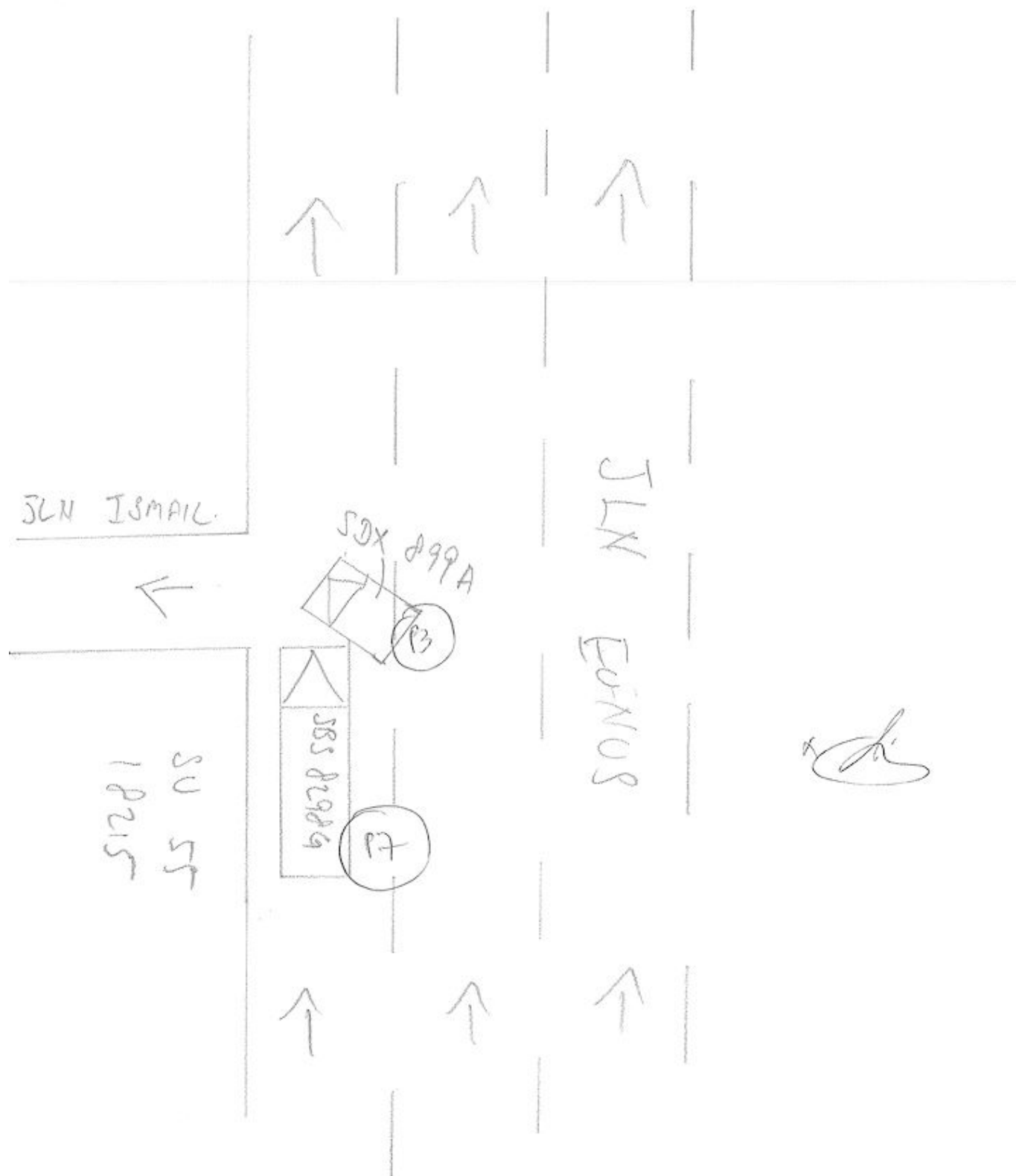
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SDX899A  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... -  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... left rear damaged  
No. Of Passenger (Including Driver) ..... -

#### WITNESS DETAILS

##### WITNESS 1

Name ..... Mr Jeremi  
Phone ..... (Phone) +65-90272471  
Email ..... -



















**SINGAPORE  
POLICE FORCE**



T/20201228/2009

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Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

Report No. T/20201228/2009

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/12/2020 02:50		Vide Report No.:		Station Diary No.: 19	
<b>Informant's Particulars</b>					
Name of Informant: SIANG CHEE CHOY			Address: APT BLK 632 WOODLANDS RING ROAD #03-175 SINGAPORE 730632		
ID Type / ID No.: FIN NO / F7831082X			Contact No.: Home/Office: Mobile: 82282836		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 41	Date of Birth: 09/07/1979	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/12/2020 21:20	Type of Location: T-Junction
Location:  JALAN EUNOS				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBS8298G	Bus/Coach/Minibus				Slightly Damaged	7
SDX899A	Car					2

## Details of Person Involved

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



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## CONTINUATION OF REPORT

WITNESS			
Name	JEREMI	ID No.	NIL
Related Vehicle	SBS8298G (Bus/Coach/Minibus)	Contact No.	90272471
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	SIANG CHEE CHOY	ID No.	F7831082X
Related Vehicle	SBS8298G (Bus/Coach/Minibus)	Contact No.	82282836
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	LALITA CHELLIAH	ID No.	S1728500I
Related Vehicle	SDX899A (Car)	Contact No.	65331123
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

**Brief Details.**

I am driving Bus service no. 55 (registration plate number: SBS8298G). On 27/12/2020 at about 9:20p.m., I was driving along Jalan Eunos (towards Marine Parade) and was right before the junction (turning left to Jalan Ismail). I was driving on the most left lane (I believe it is 4th lane).

Suddenly, a car from my right (should be the 3rd lane) swerved into my lane and wanted to turn left onto Jalan Ismail. The car turned too suddenly and I could not stop in time. My bus's front collided onto the car's rear left. I was already approaching the junction of Jalan Ismail and the car tried to turn left from my right side.

I checked with my passengers (about 6 or 7 were on board) and they informed me that they were not injured. A little girl hit her head onto the seat in front of her and started crying, however her mother told me



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**CONTINUATION OF REPORT**

that she does not require immediate medical attention. I got off the bus to check on the other car. The car was a Mazda, SDX899A. There were 3 people from the car including the driver. The car's driver and the passengers told me that they were not injured as well. The driver and I exchanged particulars and we took photos of the vehicles.

The car then left shortly after. My bus was still operational so I continued. A passenger on my bus approached me to tell me that he saw that it was the car that suddenly drove into my lane. I asked for his number and he gave it to me willingly.

My bus has cameras that captured the accident.





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Report No. T/20201228/2009

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 3 YAP YI JUN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/12/2020 02:50

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168