

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 14/01/2021 11:47 (SGT)
Date of Accident 08/01/2021 16:03 (SGT)
Exact Location of Accident Chantek Flyover, Singapore
Additional Location Information BKE towards Woodlands
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMB1399D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SMRT BUSES LTD
Company Reg No 1XXXXX292D
Email Address BARC@SMRT.COM.SG
Mobile Phone No (Phone) +65-68662672
Alternative Phone No (Office) +65-68662672

VEHICLE PARTICULARS

Manufacturer Man
Model A22
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? No - Claiming third party
Vehicle Category Bus
Transmission Auto
CC 10518

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number D-20095488MFBP
Cover Note Number -

DRIVER

Name of Driver Saw Chiang Chue
Passport No/FIN GXXXX603U

Date Of Birth	13/07/1966
Occupation	Outdoor
Date Of Driving Pass	16/10/2006
Driving experience	14 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	BARC@SMRT.COM.SG
Address	6 ANG MO KIO STREET 62
Address complement	-
Postcode	-
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	Dry

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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Kampong Java Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002959999
Alt. Police Station Phone No	(Fax) +65-63913442
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Police Report No. T/20210109/2041

On 8 Jan 2021 at about 1610hrs, I was driving SMRT bus no: 960 (VRN: SMB1399D) at Chantek Flyover along lane 3 BKE. Suddenly, there was an accident at Lane 2 between one lorry VRN: GBG5718U and one van VRN: PC8072J. The accident impact caused one of the vehicle to hit onto the bus driver side which I was driving. Subsequently, ambulance arrived and I was conveyed to Ng Teng Fong General Hospital together with 4 bus passengers. I was given 7 days outpatient sick leave from 8 Jan 2021 to 14 Jan 2021 inclusive. I am lodging this report as instructed by SMRT and also for Traffic Police to investigate.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	PENDING DOWNLOAD
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG5178U
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC Income Insurance Co-operative Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SAW CHIANG CHUE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	55
Injuries Sustained	-
Injured person in which vehicle?	SMB1399D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	UNKNOWN CHINESE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	30
Injuries Sustained	-
Injured person in which vehicle?	SMB1399D
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	UNKNOWN CHINESE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	40
Injuries Sustained	-
Injured person in which vehicle?	SMB1399D
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 4

Name of injured person	UNKNOWN VIETNAMESE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	40
Injuries Sustained	-
Injured person in which vehicle?	SMB1399D
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 5

Name of injured person	UNKNOWN CHINESE
Address	-

Address Complement	-
Post Code	-
Approximate Age Years Old	50
Injuries Sustained	-
Injured person in which vehicle?	SMB1399D
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 6

Name of injured person	UNKNOWN INDIAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBG5178U
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

IMPORTANT NOTICE

SMB139AD

BUS/01/21/7014

1. Please report correctly the details of the accident to speed up the claims process.
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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:

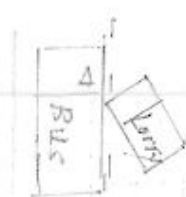
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A large rectangular area with horizontal lines for describing the circumstances of the accident.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time:



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



**SINGAPORE
POLICE FORCE**



T/20210109/2041

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

1 of 3

Report No. T/20210109/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/01/2021 12:19		Vide Report No.:		Station Diary No.: 35
Informant's Particulars				
Name of Informant: SAW CHIANG CHUE		Address:		
ID Type / ID No.: FIN NO /		Contact No.: Home/Office: Mobile:		
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 54	Date of Birth:	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: SMRT BUS DRIVER		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/01/2021 16:10	Type of Location: Flyover
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG5718U	Lorry				Seriously Damaged	0
PC8072J	Van				Seriously Damaged	0
SMB1399D	Bus/Coach/Mi nibus				Seriously Damaged	20

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210109/2041

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Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20210109/2041

CONTINUATION OF REPORT

Driver			
Name	SAW CHIANG CHUE	ID No.	-
Related Vehicle	SMB1399D (Bus/Coach/Minibus)	Contact No.	
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/01/2021	Date Discharge	08/01/2021
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

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The accident impact caused one of the vehicle to hit onto the bus driver side which I was driving.

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I was given 7 days outpatient sick leave from 8 Jan 2021 to 14 Jan 2021 inclusive.

I am lodging this report as instructed by SMRT and also for Traffic Police to investigate.



SINGAPORE POLICE FORCE

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Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999



T/20210109/2041

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Report No. T/20210109/2041

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:
E /
Staff Sgt TAY BOON CHIN

Signature Of Interpreter:
Not applicable

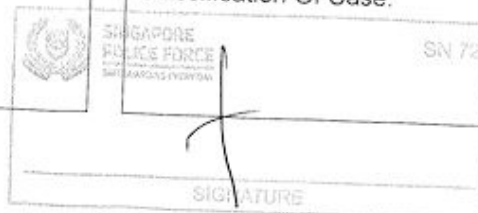
Officer In Charge Of Case:
TP / GIT /
Staff Sgt QHAIRIL BIN ZULKEFLEE
Contact No.: 65476187

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
09/01/2021 12:19

Classification Of Case:





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0030 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

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 : SS1E211E0004 Vehicle Registration No: SMB1399D
Name(as shown in NRIC) : SMRT BUSES LTD NRIC/FIN/Passport No : 198202292D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 08/01/2021 Time of Accident : 16:03
Place of Accident : BKE towards Woodlands
Insurance Company: MS First Capital Insurance Ltd.

(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:

Add left side front portion hit the railing with concrete wall.



Policyholder / Driver's Signature
Date: _____



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