

# 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 ..... 04/02/2021 12:33 (SGT)  
Date of Accident ..... 02/02/2021 05:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PAYA LEBAR ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PC3020S

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... PURPLE COACH TOUR PTE LTD  
Company Reg No ..... 201413300H  
Email Address ..... PURPLECOACHTOUR@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-81234650  
Alternative Phone No ..... +65-90260509

### VEHICLE PARTICULARS

Manufacturer ..... Hino  
Model ..... RK8JRKU  
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 ..... India International  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D20MCV0004797  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ARUMUGOM SUBRAMANIAM  
NRIC No ..... S2742461I  
Date Of Birth ..... 18/07/1963  
Occupation ..... Outdoor

Date Of Driving Pass .....	03/12/2007
Driving experience .....	13 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98825518
Alt. Phone Number .....	-
Email Address .....	PURPLECOACHTOUR@GMAIL.COM
Address .....	BLK 163 ANG MO KIO AVE 4 #03-480
Address complement .....	-
Postcode .....	560163
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 .....	Collision - Cross Junction
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 .....	Kebun Baru Neighbourhood Police Post
Police Station Address .....	Blk 111 Ang Mo Kio Avenue 4 Singapore 560111
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT : T/20210202/2134

#### 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 .....	SMG5366X
Vehicle Manufacturer .....	BMW
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 ..... -  
No. Of Passenger (Including Driver) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SMG5366X  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... Yes

**SKETCH PLAN****IMPORTANT NOTICE**

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5. Any false reporting may be referred to the Police for investigation.
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 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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

S. ARUMUGOM,

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



進友成汽車服務私人有限公司  
CYS Automobile Services Pte Ltd  
38 Woodlands Industrial Park East 1  
#07-17 Admiralty Industrial Park  
Singapore 757300  
Tel: 6219 2096 / Fax: 6219 2096

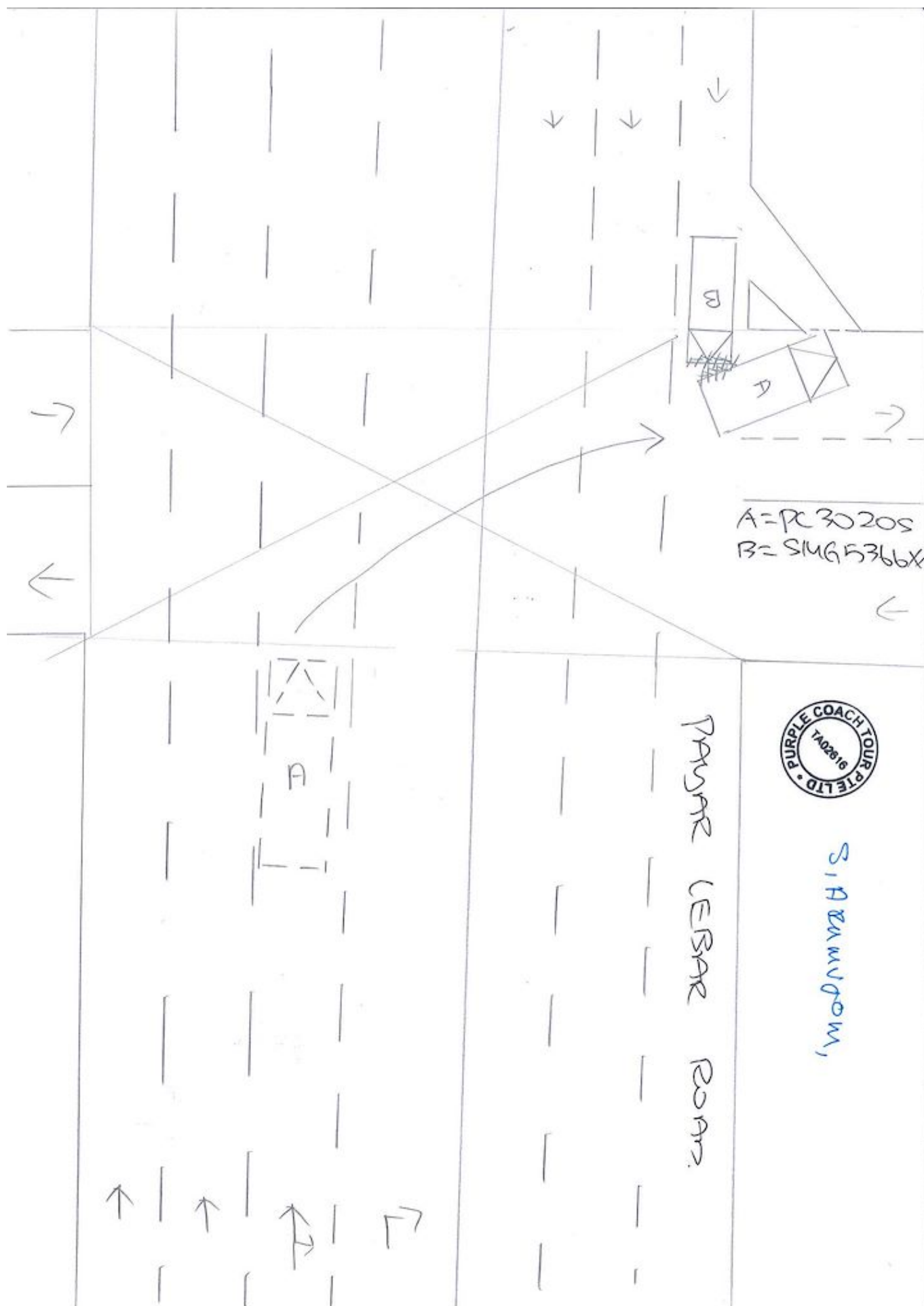
Witnessed by Reporting Centre Personnel

**Sketch Plan**

= REFER TO DRAWING SKETCH =





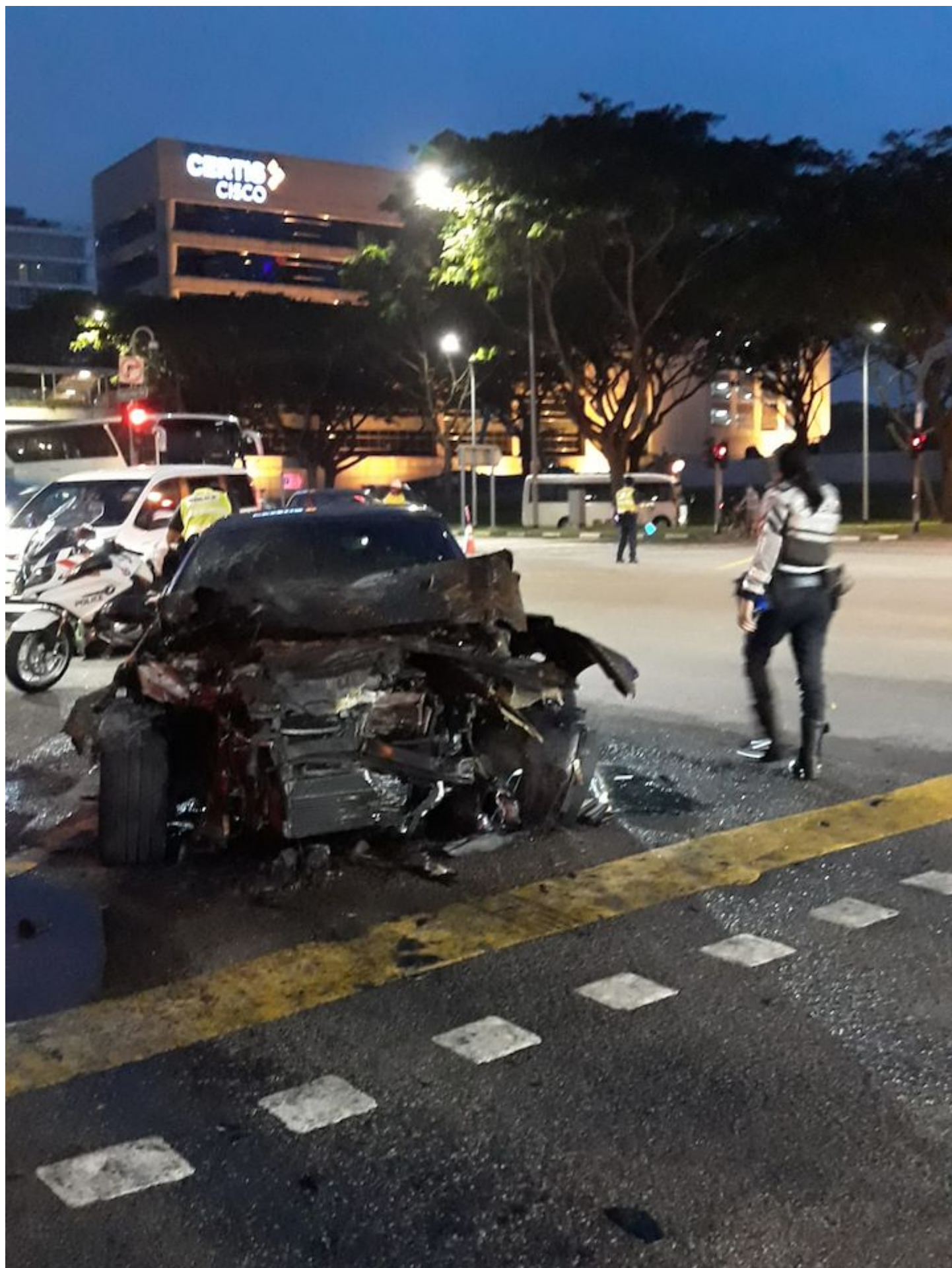






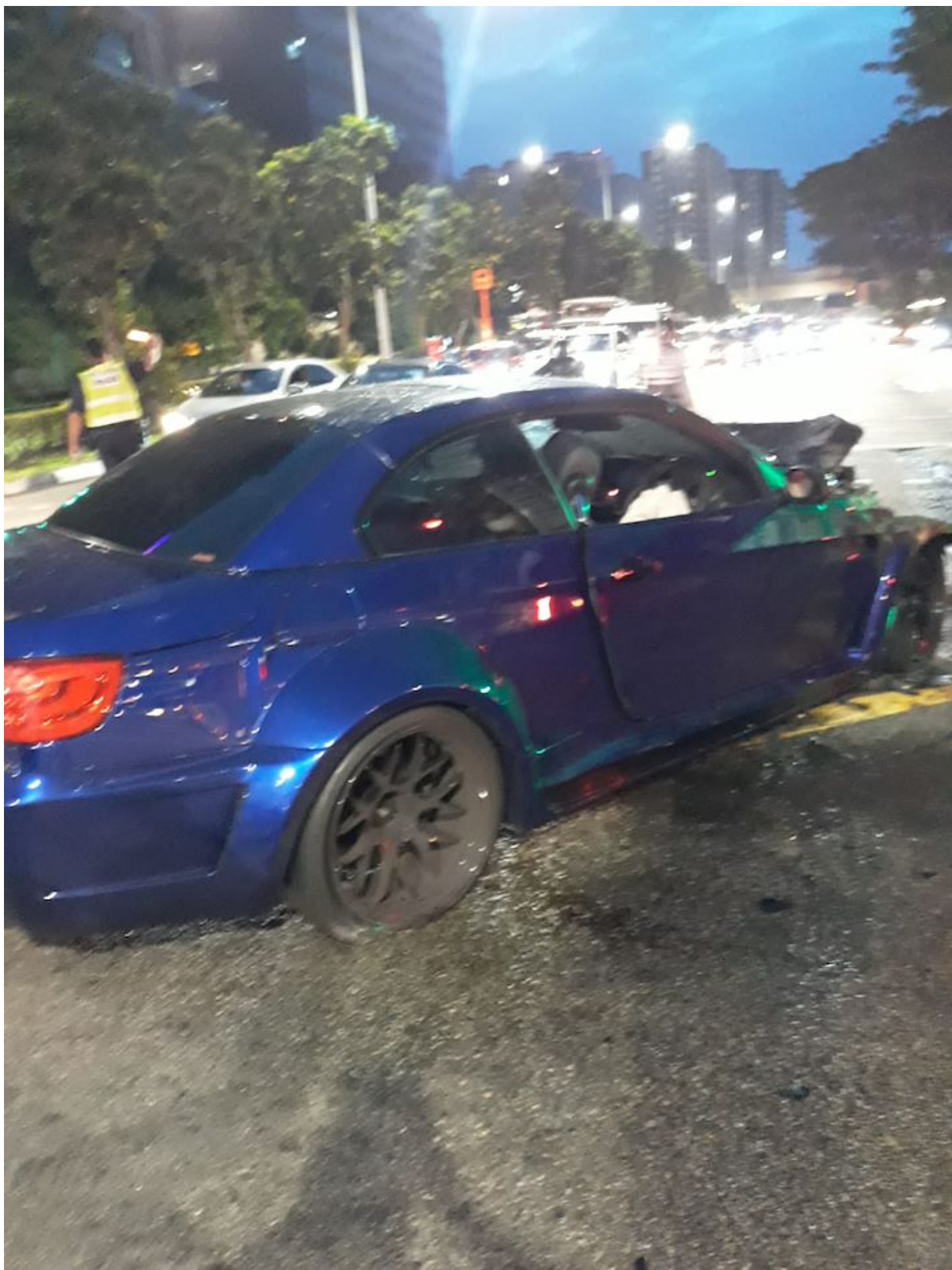














































**SINGAPORE  
POLICE FORCE**



T/20210202/2134

Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

1 of 3

Report No. T/20210202/2134

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/02/2021 20:50		Vide Report No.: G/20210202/0043		Station Diary No.: 18
<b>Informant's Particulars</b>				
Name of Informant: ARUMUGOM SUBRAMANIAM		Address: APT BLK 163 ANG MO KIO AVENUE 4 #03-480 SINGAPORE 560163		
ID Type / ID No.: NRIC NO / S27424611		Contact No.: Home/Office: Mobile: 98825518		
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 57	Date of Birth: 18/07/1963	Type of Informant: Driver	
Race: Indian		Language:	Institution / School Name:	
Occupation: Bus driver		Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/02/2021 05:45	Type of Location: X-Junction
Location:  PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC3020S	Bus/Coach/Mi nibus				Seriously Damaged	0
SMG5366X	Car				Seriously Damaged	2

**Details of Person Involved**

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



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T/20210202/2134

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560111  
Tel No: 1800-4589999

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Report No. T/20210202/2134

**CONTINUATION OF REPORT**

Driver			
Name	ARUMUGOM SUBRAMANIAM	ID No.	S27424611
Related Vehicle	PC3020S (Bus/Coach/Minibus)	Contact No.	98825518
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 02/02/2021 at about 0545hrs, I was driving my company bus (PC3020S) heading to Kallang Way. There were no passengers in the bus at that point in time.

I was driving in the 2nd lane when I was approaching the junction of Paya Lebar Rd and Geylang East Central, I observed that the traffic light was green. I observed that there were no oncoming traffic ahead and I slowly made the turn. However, suddenly, I saw one blue car (reg plate SMG5366X) approaching from the opposite traffic. As my bus was more than halfway into the junction, I saw the car speed up and eventually collided into my rear left tyre.

I was not injured and managed to exit from the bus. I tried to calm myself and sat at the side of the road. Awhile later, traffic police and ambulance attended to us. I managed to take photos of the accident. The other party and his passenger was conveyed to hospital. My bus was also badly damaged and was unable to move. I also saw that the other party's car badly damaged with the boot on fire. SCDF also managed to put out the fire.

I was then advised by Traffic Police to lodge a report. I am lodging this report as advised by Traffic Police.





**SINGAPORE  
POLICE FORCE**



T/20210202/2134

Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

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Report No. T/20210202/2134

**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:

F /

Sgt 3 MUHAMMAD SHAQEEL BIN MOHAMED  
JUNAIDI

Signature Of Informant:

*S. Muhammad*

Signature Of Interpreter:

Not applicable

Date/Time:

02/02/2021 20:50

Officer In Charge Of Case:

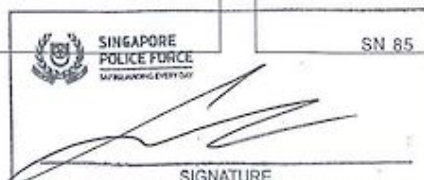
TP / GIT /

Staff Sgt SUFIYAN BIN KHAIRI

Contact No.: 65476390

Classification Of Case:

Authentication Stamp  
NP168





INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST Reg. No. M2-0078006-X  
 64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711  
 Office (65) 63476100 Email insure@iil.com.sg  
 Fax (65) 62244174 Website www.iil.com.sg

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

<b>CERTIFICATE NO.: D20MCV0004797</b>	<b>COVER: Comprehensive</b>
<p><b>1. Index Mark and Registration Number of Vehicle</b> : PC3020S</p> <p><b>Chassis No</b> : JHDRK8JRKXXX12001</p> <p><b>2. Name of Policyholder</b> : PURPLE COACH TOUR PTE LTD</p> <p><b>3. Effective date of Insurance</b> : 13 Aug 2020</p> <p><b>4. Expiry date of Insurance</b> : 12 Aug 2021</p> <p><b>5. Persons or Classes of Persons entitled to drive*</b></p> <p>Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.          Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.</p> <p><b>6. Limitations as to use*</b></p> <p>Use only for the carriage of passengers or goods in connection with the Policyholder's business.</p> <p><b>The Policy does not cover</b></p> <p>a) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> <p><small>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</small></p>	
<p>Excess Sect I &amp; II Separately: SGD 3,000.00</p> <p>Windscreen Excess : SGD 500.00</p> <p><b>TERRITORIAL LIMIT: WITHIN THE REPUBLIC OF SINGAPORE ONLY</b></p> <p>Hire Purchase Company : Thiam Heng Auto (S) Pte Ltd</p> <p><b>FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &amp;/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I &amp; II SEPARATELY WILL BE APPLICABLE.</b></p>	
<p>I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).</p>	
<p>Agent/Broker : A000041/P &amp; C INSURANCE AGENCY</p> <p>Date of Issue : 07/08/2020 16:22:03</p> <p>M.Z. 600C - OMNIBUS (ORGANIZATION)</p>	<p>For India International Insurance Pte Ltd</p> <p>_____          Authorised Signatory</p>

brian/07/08/2020

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